CHILDHOOD IN RUBBLE: THE HUMANITARIAN CONSEQUENCES OF URBAN WARFARE FOR CHILDREN

ICRC

CONTENTS

ACKNOWLEDGEMENTS

FOREWORD

In cities from Gaza to those in Syria and Ukraine, childhoods are irrevocably changed by urban warfare. Sadly, this is far from a rare occurrence: an estimated one out of six children worldwide must navigate war as part of their lives. We know that many of them will grow up knowing nothing but conflict. We know that many will carry scars into adulthood. We know that their experiences vary, depending on their age, gender, disability and other intersectional factors. We know, in many ways, how to help.

Despite the number of children affected and despite the increasingly urbanized nature of conflict – at the outset of this report we note that there is plenty that we still don't know about the child-specific nature of the harm caused. There is also more to learn about what can be done to better respond to children's needs in the complex environments of conflict-impacted cities.

This report seeks to fill that gap. It is the first study of its kind: holistic and dedicated specifically to children's experience of urban warfare. It draws on existing literature, 52 interviews with experts, and the ICRC's first-hand experience in urban warfare environments. The ICRC responds every day to direct and reverberating effects on children and their families; this report identifies in detail how children are affected, often grievously and for the long term, in these settings. It sets out how international law protects children in urban warfare, and makes legal, policy and operational recommendations for the actors in a position to protect children's lives.

A better understanding of the many different kinds of – interconnected – harm done to children in war in cities is the first step in determining what more should be done for all children who face conflict in an urban environment. The report calls on states to enact preparedness measures to mitigate harm to children, and to respond swiftly and with the necessary expertise when harm occurs. The report reminds armed actors of their legal obligations and calls for due attention to the patterns of life and experiences of children at all stages of planning, training and operations in urban settings. Finally, the report recognizes the essential role of humanitarian actors, including the International Red Cross and Red Crescent Movement, in responding to the needs of children and their families when affected by conflict and makes recommendations accordingly.

On one of the following pages, 17-year-old Marwa describes her memories of air strikes, landmines and snipers. Her memories tell of tragedies that millions of children will wake up to today. We hope this report will contribute to action by states and humanitarians to build a future for Marwa and her generation that is less marred by violence, and full of hope and dignity.

Sarah Epprecht
Director of Protection and Essential Services

PROLOGUE: A CHILD'S EXPERIENCE OF URBAN WARFARE

When the war erupted, I was eleven years old. Frankly, I don't remember much other than the fear and crying. All I can remember is my mom screaming in extreme fear when bombs and missiles are exploding outside. I remember they used to tell us to stay away from the windows, and to lay down on the ground whenever we hear an explosion or shooting. I don't have any memories of going to school without the feeling of stress and anxiety because of airstrikes, or about traveling outside the city for leisure, or playing outside without my mom's watchful eyes following every step we take …

I can give you a lot of examples of children who were killed or injured by shooting. What's really scary about this is that many of these children were shot just outside their homes, on their way to the market, or even in their school yard. … I don't know how we could watch out for landmines or remnants of explosives. They are usually hidden very well, and their ability to kill and rupture children's bodies is guaranteed. … Personally, I prefer to "watch out for snipers", at least the sniper might see I am only a girl and decide not to shoot. But what you definitely won't be able to avoid are air strikes and missiles. I have many unsettling memories with the sounds of missiles exploding and jet fighters flying over, even after seven years. A missile falls without any warning, and it may fall around a school or a hospital and cause massive destruction. Nothing can save you from an air strike, the missile can kill you and all your family members while asleep at home, and there's nothing you can do to avoid dying under the rubble of your own home.

Marwa is a Yemeni young activist who is passionate about advocating for vulnerable communities. Her statement – recorded on video– was played at the High-Level Side-Event on Protection of Children in Urban Warfare on 26 May 2022.[1]

Fatima Mohammed/Save the Children

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1   The entire recording is available here: https://media.un.org/en/asset/k1f/k1fxq3x3d7.

EXECUTIVE SUMMARY

Urban warfare causes death and injury among civilians on a staggering scale. It destroys homes, communities and the social fabric. It cuts off access to health care, education, electricity and clean water. Even so, accounts of the consequences of urban warfare for children, as a distinct segment of the civilian population, are – when composed – often incomplete. This may come as a surprise: after all, one in six children lives in a conflict zone.[2] Urban warfare mostly – though not always – takes place in settings with high birth rates and young populations. Children usually make up a large proportion of the people displaced (either internally or across international borders) by armed conflict.

This report aims to address this gap. It draws from interviews with key stakeholders, and from a desk review, to provide an assessment of the consequences of urban warfare for children. Children must not be regarded simply as miniature adults. The risks they face in urban warfare settings are distinct, and must be understood within the context of their social, physical, psychosocial and cognitive development.

The report provides concrete recommendations – for parties to conflict, relevant authorities and those providing a humanitarian response – for preventing and mitigating harm to children and for responding to the impact of urban warfare on them.

SUMMARY OF RECOMMENDATIONS

Detailed recommendations are outlined at the end of this report, with separate recommendations for states, weapon bearers and humanitarian actors.

States should put in place robust domestic legal frameworks for protecting children in armed conflict and endorse and implement higher standards as a matter of policy.

Relevant ministries and other public entities should develop and implement plans to protect children, and reduce the risks to them, in the event of hostilities. The report provides specific recommendations for evacuations and for health and educational services, and in connection with the detention of children.

Armed actors should specifically address the protection of children in urban warfare doctrine, and incorporate awareness of the specific needs of children, and the risks they face, in military training. Urban-warfare planning teams should take into account the specific situation of children when reviewing options to avoid and/or mitigate harm to civilians.

Humanitarian actors should develop a fuller understanding of the specific risks to children during the conduct of hostilities in urban areas, in order to increase the effectiveness of direct service provision for children and their families. This will also strengthen humanitarian capacities in preventing and reducing harm to children during and after urban warfare, and in responding – in line with existing guidance for working with children in emergencies – to any harm that may be caused.

Other recommendations address data collection, disaggregation and analysis concerning children in urban warfare settings; humanitarian and development funding; and media portrayals of children affected by urban warfare.

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2   Gudrun Østby, Siri Aas Rustad, and Andrew Arasmith, *Children Affected by Armed Conflict, 1990–2020: Conflict Trends*, 4, PRIO, Oslo, 2021.

THE HUMANITARIAN CONSEQUENCES OF URBAN WARFARE FOR CHILDREN

Children in urban settings have distinct patterns of life, different from those of adults; so fighting affects them differently as well. Children are usually found in schools and playgrounds, or in their homes. Some are in orphanages, child-care facilities, places of detention, religious centres, health clinics or after-school clubs. Older children may work outside the home, spend time in shops and markets, walk through the streets, or participate in protests and youth movements. Children may be accompanied by adults or move through cities by themselves; and, depending on the context, their schedules may align with or differ significantly from those of adults. Children's distinct patterns of life can therefore endanger them in specific ways during urban warfare. The threats to their safety include exposure to landmines and explosive remnants of war (ERW), snipers or checkpoints, and increased risk of sexual violence and exploitation. The risks of harm from different means and methods of warfare can be exacerbated by their size – they are usually smaller than adults – and data gaps on their movements: even the most sophisticated surveillance technology cannot always be relied on to accurately detect children in urban settings.

Children's experiences of urban warfare vary, based on intersectional criteria such as sex, gender, age, disability and migration status. It should be kept in mind that "children" are not a homogenous group. The intersectional criteria mentioned above have a direct effect on children's lived experience and therefore also on the risks and violations to which they may be exposed. Adolescent boys are disproportionately at risk of direct impact from explosive weapons, because they are more likely to be out in the community. Boys may also be perceived as combatants and therefore more likely to be attacked directly. Education and health care are likely to be less accessible to girls, who are also likely to be at risk of sexual violence. In addition, hostilities can reduce the accessibility and availability of sexual- and reproductive-health care.

Children are less able to accurately assess risks. They are more likely to pick up and play with colourful or curious-looking objects that might turn out to be mines or an ERW. When an explosion takes place, children may be less likely to realize that the danger – further explosions, building collapse – may not have passed, and may be less able to anticipate the consequences of their actions.

Their unique anatomy and physiology mean that the same explosive devices designed to wound an adult combatant can more easily kill a child. Children generally weigh less than adults, so the force of a blast can hurl them against hard surfaces, such as walls. Their bodies contain less blood, so they cannot afford to lose as much. Because they are shorter, an explosion that might injure the limbs of an adult may cause abdominal and thoracic injuries in children. In addition, a child's abdominal wall is smaller and thinner than that of adults, and their liver and spleen proportionately larger, making them more vulnerable to specific kinds of blast injuries.

The destruction of essential services like water, sanitation, electricity and health care has reverberating effects on children's health. Unsafe drinking water can make children more susceptible to disease than adults; when explosive weapons destroy water and sanitation infrastructure, outbreaks of infectious disease can follow soon afterwards, in a matter of days. By disrupting access to essential services, some military tactics – siege and encirclement, for instance – also increase the likelihood of stunting, starvation or death for children. Protracted conflict in cities reduces the likelihood of children being immunized on time, if at all.

Urban warfare has a profound impact on the mental health and well-being of children. 'Toxic' stress caused by witnessing or experiencing violence can rewire the architecture of children's developing brains, with adverse and lifelong consequences for their health and well-being. Children exposed to urban warfare report insomnia, chronic stress, anxiety, panic attacks, grief, bedwetting, fear of loud sounds and nightmares.

Urban warfare can cause disabilities and create specific risks for children with existing disabilities. A blast injury that causes a physical impairment can limit a child's educational possibilities and expose them to stigmatization and discrimination, particularly when prosthetics and rehabilitation are unavailable. Children with existing (pre-conflict) disabilities may be left behind – for instance, in institutions – during evacuations. Those with sensory disabilities may be unable to see or hear risks to their safety or protective messages. Children with disabilities are also at greater risk of malnutrition and less likely to be included in educational programmes.

Urban warfare denies or disrupts children's education in numerous ways. The roads and paths that children take to school become unsafe when they are contaminated by landmines and ERW. Parents may keep children at home to minimize their risk of exposure to harm. Schools may be attacked, incidentally damaged, or used for military purposes.[3] Even when schools stay open, school supplies may be scarce and teachers may have been displaced during urban hostilities. Children may also be too traumatized to attend to their studies.

Family separation can occur quickly during urban warfare. Children can be left behind or lost during evacuations, displacement or the confusion of sheltering from attack. Shifting front lines and checkpoints may separate families; loss of family contact can also occur when an adult or child is wounded, hospitalized, detained, recruited or killed. Unaccompanied and separated children are at increased risk of abuse, exploitation and violence, including sexual violence, and may resort to harmful coping mechanisms and survival strategies. The disappearance of a family member may have a strong impact on children, as it changes family dynamics; they might also experience the psychological consequences of 'ambiguous loss'.[4]

Children detained during urban warfare are exposed to physical and mental harm, because they cannot protect themselves and also because they do not know what has become of their loved ones. Urban warfare may disrupt supply chains for provision of essential services at a place of detention, causing water and food shortages that lead to malnutrition or loss of access to health services: this can have rapid and direct consequences, particularly for children's health, well-being and development. During urban warfare, mechanisms for transferring children captured by armed actors to appropriate civilian actors – usually in effect during hostilities – may not be established or implemented. Children require specific consideration in relation to detention.

Children are recruited by armed forces and armed groups. Urban warfare places children in proximity to weapon bearers, who recruit them through various "push" and "pull" factors. Financial desperation, ideology, duty and cultural factors related to gender or the transition to adulthood can all contribute to supposedly voluntary recruitment; recruitment can also be forced. Once a child becomes associated with armed forces or an armed group, it is often difficult for him or her to leave during urban warfare: humanitarian and/or demobilization programmes are unlikely to be in place.

Economic downturns caused by urban warfare can cause children and their families to adopt harmful survival strategies. Financial desperation can lead to children dropping out of school, marrying early or to their joining armed forces or a non-state armed group to provide financial support for their families. Some families may feel that they have no choice but to rely on their children—particularly when children are thought to enjoy certain advantages, such as being able to evade checkpoints or pick their way through rubble, or being less likely targets than adults for snipers.

Despite the grave risks that urban warfare poses for children, data collection and analysis, and generation of evidence, remain a challenge, inhibiting holistic approaches to prevention of harm and responses to their needs.

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3   Between 2015 and 2019 more than 11,000 attacks on schools were reported. See Global Coalition to Protect Education from Attack, *Education under Attack 2020: A Global Study of Attacks on Schools, Universities, their Students and Staff, 2017–2019*, Global Coalition to Protect Education from Attack, New York, 2020, p. 35: https://protectingeducation.org/wp-content/uploads/eua_2020_full.pdf.

4   'Ambiguous loss' refers to a situation in which a family has no facts to clarify whether their loved one is alive or dead, or if dead, where the remains are located. Boss, P., "Families of the missing: Psychosocial effects and therapeutic approaches", *International Review of the Red Cross*, Vol. 99, No. 905, August 2017, pp. 519–534: https://www.cambridge.org/core/journals/international-review-of-the-red-cross/article/families-of-the-missing-psychosocial-effects-and-therapeutic-approaches/B304FA327067917B59ED3D8FEC529553

1. INTRODUCTION

Urban warfare causes death and injury among civilians on a staggering scale. It destroys homes, communities and the social fabric. It cuts off access to health care, education, electricity and clean water. Even so, accounts of the consequences of urban warfare for children, a distinct segment of the civilian population, are – when composed – often incomplete.

For the purposes of this report, 'urban warfare' refers to hostilities in urban areas and other military operations that affect urban areas, such as sieges around an urban area, or hostilities that damage critical infrastructure situated in the countryside and affect delivery of services in an urban area. Terms like 'urban area', 'urban settings' and 'cities' are used interchangeably to refer to complex, densely built and populated areas that have an influence over a larger area. These terms include urban centres of various sizes and their outskirts, in contrast to 'rural areas'.

The report aims to address this gap by identifying the key consequences of urban warfare for children, and by making recommendations for weapon bearers, state authorities, and humanitarian and other actors to mitigate those consequences. Drawing from key informant interviews, and from a review of existing literature, it argues that children must not be considered simply as miniature adults. They face distinct risks in urban warfare settings that must be understood within the context of their social, physical, psychological and cognitive development. On this basis, the report recommends concrete actions that parties to armed conflict, relevant authorities and those involved in humanitarian response can take to anticipate, prevent, mitigate and respond to the impact of urban warfare on children.

The plight of children in urban warfare is not, or is very seldom, singled out for close attention. This may come as a surprise. After all, one in six children today lives in a conflict zone.[5] Contemporary conflicts are often protracted and take place in populated urban areas.[6] Urban warfare tends to occur in settings with high birth rates and young populations; and in households in such settings, children often outnumber adults. When families flee urban areas during conflict, children make up a large proportion of the displaced population. By the end of 2021, the number of forcibly displaced people stood at 89.3 million; of these, 36 million were children.[7]

Some children, particularly in protracted conflict, have never experienced peace or a childhood free of threats of violence, terror and destruction.[8] The specific factors that determine the impact of urban warfare on children, if unaccounted for in planning, analysis and decision-making, can put children at greater risk of harm.

5   Gudrun Østby, Siri Aas Rustad, and Andrew Arasmith, *Children Affected by Armed Conflict, 1990–2020: Conflict Trends*, 4, PRIO, Oslo, 2021.

6   George Graham *Stop the War on Children: Protecting Children in 21st Century Conflict*, Save the Children International, London, 2019: https://resourcecentre.savethechildren.net/document/stop-war-children-protecting-children-21st-century-conflict/.

7   Office of the United Nations High Commissioner for Refugees, *Refugee Statistics* (2021): https://www.unhcr.org/refugee-statistics/.

8   Kristen Kamøy, Pia Podieh, and Keyan Salarkia, *Stop the War on Children: A Crisis of Recruitment*, Save the Children International, London, 2021: https://www.savethechildren.net/news/number-children-living-deadliest-war-zones-rises-nearly-20-highest-over-decade-%E2%80%93-save-children; ICRC, *I Saw My City Die: Voices from the Front Lines of Urban Conflict in Iraq, Syria and Yemen*, ICRC, Geneva, 2020.

Children are rarely afforded the differential treatment that their needs, rights and risks require in contexts of urban warfare, but their lives and deaths are often used to construct narratives of urban warfare. The media, states, humanitarian organizations and human rights groups invoke the price paid by children to shape public narratives around armed conflicts.[9] But these accounts do not always feature the lived realities and specific needs of children, with due consideration for their needs – related to health, education and protection; nor do they reflect children's participation in matters that affect them. Some parties to conflict also hold up children as martyrs to stir up support for their war effort; sometimes, they celebrate children who have died, in order to build up a group identity or glorify sacrifice, as well as to recruit more children to participate in hostilities. The depiction of children is also a source of concern: the coverage of recent conflicts is replete with images of suffering, dirty, wounded or dead children. Such representations undermine the agency and dignity of children, and that of their families and communities.[10]

This report presents and advocates a more sophisticated and complex, and a fuller, understanding of the consequences of urban warfare for children in numerous areas of their lives.[11] It identifies child-specific risks and sets out recommendations for responding to their needs.

METHODOLOGY

The report draws on the ICRC's extensive institutional experience in urban warfare settings.[12] It was further developed through a desk review of existing literature and through 52 interviews with staff from the ICRC and other humanitarian organizations.[13] The interviewees represent a broad range of institutional and sectoral vantage points, including protection, water and sanitation, education and emergency medicine, as well as staff with military expertise. Roughly half of the interviews were with staff based in field offices in Gaza, Iraq, Syria, Ukraine and Yemen; the rest were conducted with staff at their respective headquarters.

The report is part of an institutional effort to more fully understand the human cost of urban warfare and address it more effectively.[14] As part of the International Red Cross and Red Crescent Movement (the Movement), the ICRC works in many different urban warfare contexts, where it engages states and parties to conflict in dialogue on international humanitarian law (IHL) and other issues within its mandate, such as protection of civilians. As a humanitarian organization, the ICRC seeks to meet the needs of conflict-affected communities, alongside the many National Red Cross and Red Crescent Societies around the world who respond daily to the consequences of urban warfare for civilians. The Movement's resolution on war in cities, adopted at the Council of Delegates in June 2022, is notable in this regard. It reaffirmed the Movement's acknowledgement of the scale of the humanitarian consequences of urban warfare; and, through a Movement action plan to "prevent and respond to the humanitarian consequences of war in cities", mobilizes all

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9   This can have both positive and negative effects; for example, public awareness of the impact of landmines on children helped create the momentum for adoption of the Anti-Personnel Mine Ban Convention. See also: Anne Barnard and Hwaida Saad, "One photo of a Syrian child caught the world's attention. These 7 went unnoticed", *The New York Times*, 21 August 2016.

10   For a detailed discussion of the appropriation of suffering, see: Arthur Kleinman and Joan Kleinman, "The appeal of experience; the dismay of images: Cultural appropriations of suffering in our times", *Daedalus*, Vol. 125, No. 1, Winter 1996, pp. 1–23. See also: ICRC, *A Decade of Loss: Syria's Youth after Ten Years of Crisis*, ICRC, Geneva, 2021: https://www.icrc.org/en/publication/4530-decade-loss-syrias-youth-after-ten-years-crisis.

11   The ICRC has also addressed the diversity of experience among different groups of civilians with regard to the conduct of hostilities. See, for example, *Gendered Impacts of Armed Conflict and Implications for the Application of International Humanitarian Law*, ICRC, Geneva, 2022; Helen Durham and Gerard Quinn, "Lifting the cloak of invisibility: Civilians with disabilities in armed conflict", *Humanitarian Law and Policy Blog*, 21 April 2022: https://blogs.icrc.org/law-and-policy/2022/04/21/civilians-disabilities-armed-conflict/.

12   Laurent Gisel et al., "Urban warfare: An age-old problem in need of new solutions", *Humanitarian Law and Policy Blog*, ICRC, 27 April 2021: https://blogs.icrc.org/law-and-policy/2021/04/27/urban-warfare/.

13   The interviews took place between November 2021 and February 2022. All but two of them were conducted remotely.

14   For related reports and guidance, see among others: ICRC, *Explosive Weapons with Wide Area Effects: A Deadly Choice in Populated Areas*, ICRC, Geneva, January 2022; ICRC, *Reducing Civilian Harm in Urban Warfare: A Commander's Handbook*, ICRC, Geneva, 2021; ICRC, *Reducing Civilian Harm in Urban Warfare: A Handbook for Armed Groups*, ICRC, Geneva 2023; ICRC, *International Humanitarian Law and the Challenges of Contemporary Conflicts*, ICRC, Geneva, 2019, Chapter 2.1: Urbanization of armed conflicts, pp. 16–22.

Movement components to engage in focused action to address these consequences.[15] The resolution and the Movement action plan specifically acknowledge that girls and boys have diverse needs and face diverse risks and that this must be taken into account in 'planning, analysing and decision-making'.[16] This consideration of the importance of 'planning, analysing and decision-making' significantly informs the recommendations made by this report.

The report has three sections. The first sets out the legal and policy framework governing the actions of parties to armed conflict – during urban warfare – with regard to children. The second section describes, in a holistic manner, various consequences of urban warfare for children. The third and final section makes recommendations to weapon bearers and state authorities, and to humanitarian actors, for anticipating children's needs and for reducing harm – and providing a meaningful operational response – to children affected by urban warfare.

Given the scope and magnitude of the issue, the report cannot be exhaustive. It does not explore all the humanitarian consequences of urban warfare for children. Instead, it focuses on certain issues that arise in urban conflict. While certain issues have been selected for focus, the more comprehensive legal and policy framework that states and humanitarians operate under with regard to children's rights protection address a broader range of issues and must be borne in mind.

15   https://rcrcconference.org/app/uploads/2022/06/CD22-R06-War-in-cities_22-June-2022_FINAL_EN.pdf.
16   Council of Delegates of the International Red Cross and Red Crescent Movement, Resolution 6: War in Cities.
      Resolution OP 6 and Movement Action Plan D(b)(ii) are available at: https://rcrcconference.org/app/uploads/2022/06/
      CD22-R06-War-in-cities_22-June-2022_FINAL_EN.pdf.

A. Liohn/ICRC

2. INTERNATIONAL LAW AND STANDARDS ON THE PROTECTION OF CHILDREN IN ARMED CONFLICT

International law and standards provide a robust and detailed framework for protecting children in armed conflict. IHL, international human rights law, and numerous United Nations resolutions, as well as a series of dedicated political commitments, recognize that – because they are at a critical stage of their personal development – children are at greater risk than adults of serious and long-term consequences as a result of violence and disruption to essential services.

This section provides a brief overview of key legal and policy commitments applicable to parties to armed conflict as they fight, with a focus on specific issues relevant to children living through increasingly urbanized armed conflicts.

2.1   INTERNATIONAL HUMANITARIAN LAW

Under customary IHL, children are entitled to special respect and protection in situations of both international and non-international armed conflict, meaning they must be given suitable care and assistance in a range of specific ways.[17] The requirement of special protection can be found in the many detailed provisions of the Geneva Conventions and their Additional Protocols of 1977 that articulate specific measures for the treatment of children,[18] and in state practice. These measures include separation from adults while deprived of liberty unless they are members of the child's family;[19] continued access to age-appropriate education, food and health care in the range of circumstances that arise in wartime, including when deprived of their liberty;[20] evacuation from areas of combat for safety reasons;[21] and measures to care for and reunite unaccompanied and separated children with their families.[22]

The rationale for this special protection lies in the fact that the effects of armed conflict cause children particular harm – the ICRC noted during the drafting of the 1977 Additional Protocols that "psychological traumas caused by war often left indelible impressions on them"[23] – and therefore they require special treatment in comparison with the rest of the civilian population.[24]

The family of provisions in the Geneva Conventions and their Additional Protocols of 1977 that specifically address child protection is extensive.[25] In addition, during urban warfare – which endangers civilians in ways particular to it – the more general obligations of IHL protecting all civilians and other persons *hors de combat* are an equally critical pillar of protection.[26] These more general obligations range from prohibitions

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17   ICRC Study on Customary International Humanitarian Law (Study on customary IHL), Rule 135: https://ihl-databases. icrc.org/en/customary-ihl.

18   These notably include Arts 23(1), 24 and 50 of Geneva Convention IV (GC IV), Art. 77 of Additional Protocol I (AP I) and Art. 4(3) of Additional Protocol II (AP II). For an overview of the many other rules, see ICRC, "Legal protection of children in armed conflict: Factsheet", ICRC, Geneva, 2003: www.icrc.org/en/document/ legal-protection-children-armed-conflict-factsheet.

19   On the treatment of children deprived of their liberty, including their separation from adults, see GC IV, Arts 51(2), 76(5), 82, 85(2), 89, 94, 119(2), 132(2); AP I, Art. 77(3–4); AP II, Art. 4(3)(d).

20   GC IV, Arts 23, 24(1), 38(5), 50, 89(5), 94; AP I, Arts 70(1), 77(1), 78(2); AP II, Art. 4(3)(a).

21   GC IV, Arts 14, 17, 24(2), 49(3), 132(2); AP I, Art. 78; AP II, Art. 4(3)(e).

22   GC IV, Arts 24–26, 49(3), 50, 82; AP I, Arts 74, 75(5), 78; AP II, Art. 4 (3)(b).

23   Switzerland, Bundesrat, *Official Records of the Diplomatic Conference on the Reaffirmation and Development of International Humanitarian Law Applicable in Armed Conflicts, Geneva, 1974–1977, Vol. 15*, para. 3, Federal Political Department, Bern.

24   Yves Sandoz, Christophe Swinarski and Bruno Zimmermann (eds), *Commentary on the Additional Protocols*, ICRC, Geneva, 1987, para. 4544.

25   For a fuller overview, see, for example, Sylvain Vité, "Protecting children during armed conflict: International humanitarian law", *Human Rights and International Legal Discourse*, Vol. 5, No. 1, 2011, pp. 14–40: https://heinonline.org/ HOL/Page?collection=journals&handle=hein.journals/hurandi5&id=13&men_tab=srchresults.

26   For a fuller overview of the rules relevant to the urbanization of armed conflict, see ICRC, *International Humanitarian Law and the Challenges of Contemporary Armed Conflicts*, ICRC, Geneva, 2019, pp. 16–22.

of torture and cruel or inhuman treatment, including sexual violence,[27] to the protection of health care,[28] to the protections afforded by IHL to migrants who are increasingly displaced to or within cities.[29] All are germane to the lives of children living through urban warfare.

2.1.1   INTERNATIONAL HUMANITARIAN LAW AND THE CONDUCT OF HOSTILITIES

Military and civilian people and objects are often intermingled in cities. For parties involved in urban hostilities, this intermingling presents important challenges, both militarily and in terms of avoiding civilian harm. IHL imposes limits on the choice of means and methods of warfare, in order to protect civilians and civilian infrastructure against unacceptable harm and destruction. The circumstances of urban fighting might make the application of key IHL principles of distinction, proportionality and precaution – as well as all other rules on the conduct of hostilities – more demanding than in open terrain, but it is for precisely this reason that these rules are most critical in such environments.

As civilians, children are protected against the consequences of hostilities, unless and for such time as they take a direct part in hostilities. IHL prohibits attacks directed at civilians and civilian objects, as well as indiscriminate attacks – that is, attacks of a nature to strike military objectives and civilians or civilian objects without distinction.[30] IHL also prohibits attacks that may be expected to cause incidental civilian harm (including reasonably foreseeable indirect or "reverberating" effects) that may be expected, that would be excessive in relation to the concrete and direct military advantage anticipated – in other words, disproportionate attacks.[31] In addition, IHL requires parties to conflict to take a range of precautions in attack and against the effects of attacks to protect civilians and civilian objects.[32] Beyond attacks, parties to conflict must take constant care to spare the civilian population in all military operations.[33] These include troop movements and manoeuvres preparatory to combat, such as during ground operations in urban areas. Stringent protection is afforded to objects indispensable to the survival of the civilian population, objects containing dangerous forces, and medical and humanitarian infrastructure.[34]

Protecting civilians caught in the midst of urban combat starts with full and good-faith compliance with IHL. However, based on what we have observed first-hand in urban conflict zones across the globe, the consequences of fighting in cities raise serious questions about how parties to such conflicts interpret and apply relevant IHL rules. In 2019, the ICRC set out some of its views on the challenges for IHL created by the urbanization of conflict, and some legal issues that could require further clarification, in its quadrennial report, *International Humanitarian Law and the Challenges of Contemporary Armed Conflicts*.[35] The full content of that report is relevant to child protection in urban warfare. Key issues addressed include (a) the protection of civilians against the effects of hostilities during urban warfare; (b) the use of explosive weapons in populated areas (EWIPA);[36] and (c) the protection of the civilian population during sieges and other forms of encirclement.

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27   Study on customary IHL, Rules 90 and 93: https://ihl-databases.icrc.org/en/customary-ihl.

28   For an overview of the rules relevant to the protection of health care, see: ICRC, "Respecting and protecting health care in armed conflicts and in situations not covered by international humanitarian law: Factsheet", ICRC, Geneva, 2021: www.icrc.org/en/document/respecting-and-protecting-health-care-armed-conflicts-and-situations-not-covered.

29   For an overview of the IHL rules protecting migrants, see: Helen Obregón Gieseken, "The protection of migrants under international humanitarian law", *IRRC*, Vol. 99, No. 904, April 2017, pp. 121–152 .

30   AP I, Arts 48, 51(2) and 51(4); AP II, Art. 13(2); Rules 1–13 of the study on customary IHL: https://ihl-databases.icrc.org/en/customary-ihl.

31   AP I, Art. 51(5)(b); Rule 14 of the study on customary IHL: https://ihl-databases.icrc.org/en/customary-ihl.

32   AP I, Arts 57(2) and (3) and 58; Rules 15–24 of the study on customary IHL: https://ihl-databases.icrc.org/en/customary-ihl.

33   AP I, Art. 57(1); Rule 15 of the study on customary IHL: https://ihl-databases.icrc.org/en/customary-ihl.

34   Among other pertinent rules of IHL, see Rules 54 (objects indispensable), 42 (dangerous forces) and 25–32 (medical personnel and objects and humanitarian relief personnel and objects) of the study on customary IHL: https://ihl-databases.icrc.org/en/customary-ihl.

35   ICRC, *International Humanitarian Law and the Challenges of Contemporary Armed Conflicts*, ICRC, Geneva, 2019, Chapter 2.1, pp. 16–25.

36   For more detailed legal considerations with regard to the use of explosive weapons with wide area effects in populated areas, see ICRC, *Explosive Weapons With Wide Area Effects: A Deadly Choice in Populated Areas*, ICRC, Geneva, 2022, pp. 84–109.

2.1.2   FOCUS ISSUE: EXPLOSIVE WEAPONS WITH WIDE AREA EFFECTS

One of the defining features of urban warfare is the use of explosive weapons with a wide impact area (also referred to as 'heavy explosive weapons'), i.e. weapons that typically deliver significant explosive force from afar and over a wide area. The impact of heavy explosive weapons varies with the age and gender of their victims. The risks to children are of a particular kind. According to ICRC data, children account for a large proportion of incidental civilian casualties when heavy explosive weapons are used in populated areas. Research on the effects of the use of heavy explosive weapons in Afghanistan, Gaza, Iraq and Syria has confirmed that children make up a substantial proportion of civilian casualties.[37]

There is no general prohibition in IHL against the use of explosive weapons with a wide impact area in populated areas. Every instance of such use must nevertheless comply with the rules regulating the conduct of hostilities, in particular the prohibitions of indiscriminate and disproportionate attacks and the obligation to take all feasible precautions in attack. However, using heavy EWIPA in conformity with IHL is very difficult. This significant likelihood of indiscriminate effects is why the ICRC has long called on all states and parties to armed conflict to avoid, as a matter of policy, the use of explosive weapons with a wide impact area in populated areas. The ICRC recently published a major report containing its observations and conclusions on the humanitarian, technical, legal and military operational aspects related to EWIPA and detailed "good practice" recommendations for political authorities and armed forces on preventive and mitigation measures to strengthen protection for civilians against the use of explosive weapons in populated areas and give effect to an avoidance policy.[38]

With this in mind, overall the Political Declaration on Strengthening the Protection of Civilians from the Humanitarian Consequences arising from the use of Explosive Weapons in Populated Areas – adopted by 83 countries at a conference in Dublin on 18 November 2022 – represents in the ICRC's view a significant step towards better protection for civilians and respect for IHL. We call on all states to endorse it and to implement it effectively and faithfully.
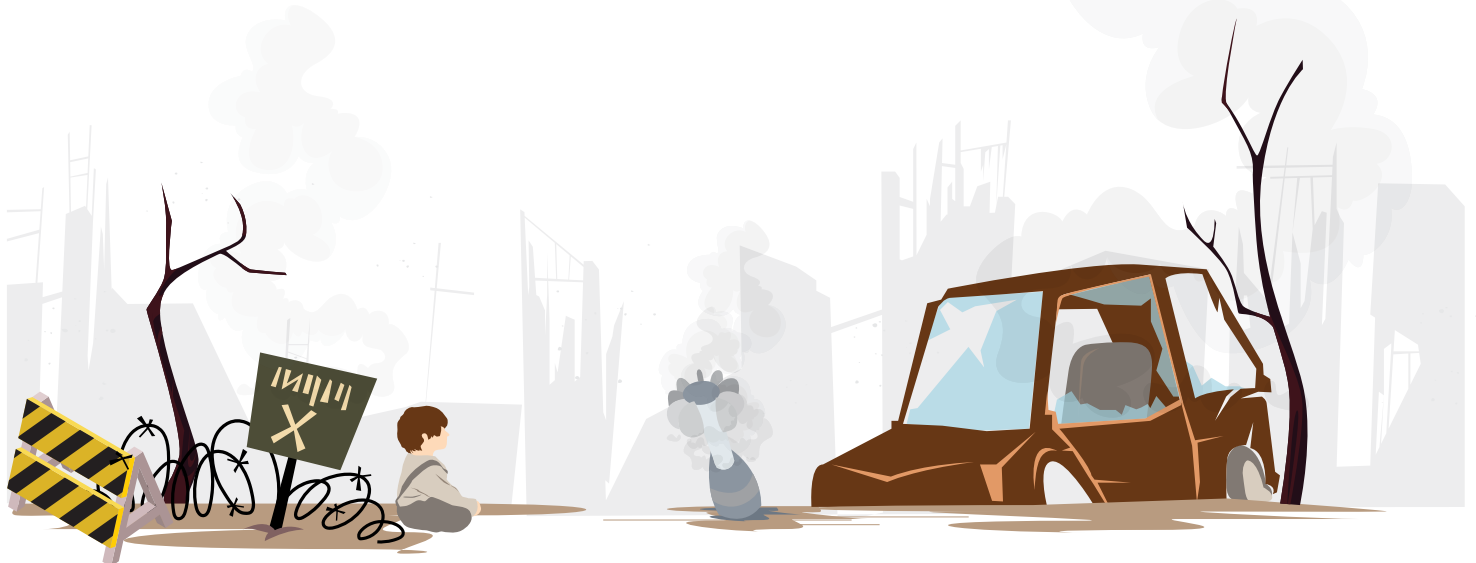
37   ICRC, *Explosive Weapons With Wide Area Effects: A Deadly Choice in Populated Areas*, ICRC, Geneva, 2022, pp. 56−59.
38   ICRC, *Explosive Weapons With Wide Area Effects: A Deadly Choice in Populated Areas*, ICRC, Geneva, 2022.

2.1.3   FOCUS ISSUE: EMPTY CLASSROOMS AND CHILD RECRUITS

When war comes to cities, it twists children's lives significantly and erodes their childhood. Two phenomena specific to children's experience of war in cities – child recruitment and the disruption of their education – are addressed by a number of international legal provisions worth emphasizing; these provisions are all too frequently violated.

IHL aims to ensure that children continue to receive an education during armed conflict; it puts safeguards in place because it recognizes that education cannot wait. Under the IHL rules governing the conduct of hostilities, students and educational personnel are usually civilians and as such are protected from attack, unless and for such time as they directly participate in hostilities. Similarly, schools and other educational facilities are usually civilian objects and thus protected against attack, unless they are turned into military objectives. Even if they become military objectives, all feasible precautions must be taken prior to attack to avoid or at least minimize incidental harm to civilian students, personnel and facilities. Attacks expected to cause excessive harm to civilians, or damage to civilian objects, are prohibited.

Besides the rules governing the conduct of hostilities, IHL also contains rules that specifically require parties to conflict to facilitate access to education.[39] Two of these are particularly relevant to children to whom the law of occupation or Additional Protocol II (applicable to certain non-international armed conflicts) applies. In situations of occupation, Article 50(1) of the Fourth Geneva Convention provides that the Occupying Power "shall, with the cooperation of the national and local authorities, facilitate the proper working of all institutions devoted to the care and education of children". In non-international armed conflicts to which Additional Protocol II applies, Article 4(3)(a) thereof states that "[c]hildren shall be provided with the care and aid they require, and in particular ... they shall receive an education, including religious and moral education, in keeping with the wishes of their parents, or in the absence of parents, of those responsible for their care".[40] The strength of the obligation to facilitate access to education articulated by these instruments demonstrates the intention of the drafters of the four Geneva Conventions in 1949 and the Additional Protocols in 1977 to recognize children's education as an essential service to be protected from disruption.

Children are more likely to be recruited by armed forces and armed groups when they are out of school.[41] In 1977, Additional Protocols I and II established prohibitions against recruiting children under the age of 15 into armed forces or armed groups, and against their participation in hostilities.[42] Since then, age restrictions on child recruitment and participation in hostilities have been raised to different extents: the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict, and the African Charter on the Rights and Welfare of the Child, establish stricter provisions than the 1977 Additional Protocols. The Optional Protocol prohibits compulsory recruitment into state armed forces for everyone under the age of 18 (Article 2). It requires states to raise the age of voluntary recruitment from 15 (Article 3) and to take all feasible measures to ensure that members of their armed forces who have not yet reached the age of 18 do not take a direct part in hostilities (Article 1). It also provides that non-state armed groups "should not, under any circumstances, recruit or use in hostilities persons under the age of 18 years" (Article 4). The African Charter, in Article 22, establishes a "straight-18" approach prohibiting all forced or voluntary recruitment of everyone under the age of 18.[43]

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39   GC III, Arts 38, 72, 125; GC IV, Arts 24, 94, 108, 142, 50; AP I, Art. 78; AP II, Art. 4(3)(a).

40   Regarding the application of these rules, see ICRC, *International Humanitarian Law and the Challenges of Contemporary Armed Conflicts*, ICRC, Geneva, 2019, pp. 44–46.

41   Kristen Kamøy, Pia Podieh and Keyan Salarkia, *Stop the War on Children: A Crisis of Recruitment*, Save the Children International, London, 2021, p. 10: https://resourcecentre.savethechildren.net/document/stop-the-war-on-children-a-crisis-of-recruitment/.

42   AP I 1, Art. 77; AP II, Art. 4(3).

43   African Committee of Experts on the Rights and Welfare of the Child (ACERWC), *General Comment on Article 22 of the African Charter on the Rights and Welfare of the Child: Children in Situations of Conflict*, ACERWC, Addis Ababa, 2020, paras 30, 47, 85.

This body of law is clearly robust, but states can do more to put an end to child recruitment in contemporary conflicts and to protect access to education more effectively. We urge states to accede, if they have not done so already, to the treaties affording greater protection for children from recruitment and to take national measures adapted to their legal systems to fully implement those treaties.[44] States can also choose to endorse the standards in Section 2.3 of this report and implement the corresponding good practices that have been shown to ameliorate the suffering that accompanies child recruitment and disrupted education in armed conflict.

2.2 INTERNATIONAL HUMAN RIGHTS LAW

International human rights law complements IHL in protecting children affected by war in cities. The 1989 Convention on the Rights of the Child, its 2000 Optional Protocol on the involvement of children in armed conflict, and the African Charter on the Rights and Welfare of the Child, among other treaties,[45] set out important child rights. These are relevant to states engaged in war in cities, as it is widely recognized that provisions of human rights law applicable in armed conflict complement the protection afforded by IHL. The interplay between IHL and human rights law is such that in some cases both legal regimes will apply simultaneously, with determinations on the exact nature of their relationship having to be made case by case, based on the circumstances at hand.[46]

Among other rights relevant to children living in cities enduring conflict, the Convention on the Rights of the Child guarantees children's right to be free from discrimination; to have their best interests be a primary consideration in all actions concerning them; and not to be separated from their parents against their will except pursuant to specific requirements. It also requires that states parties take all feasible measures to ensure protection and care for children affected by armed conflict and take all appropriate measures to promote the physical and psychological recovery and social reintegration of a child victim of armed conflict.[47]
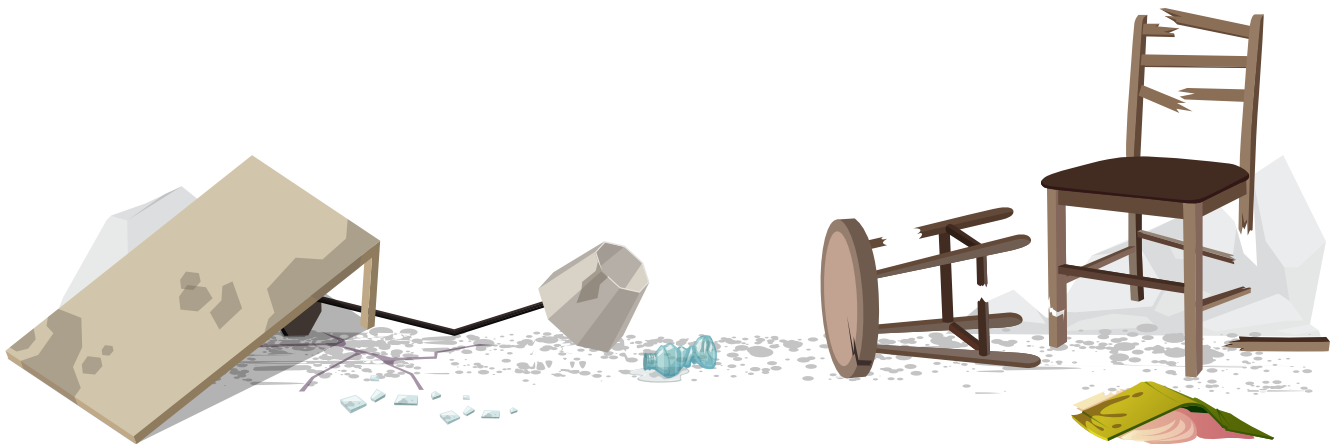
44 The ICRC has developed guiding principles to support states in implementing a system of protection for children recruited by armed forces or armed groups, in accordance with their respective treaty obligations. See ICRC, "Guiding principles for the domestic implementation of a comprehensive system of protection for children associated with armed forces or armed groups: Factsheet", ICRC, Geneva, 2011: www.icrc.org/en/document/domestic-implementation-comprehensive-system-protection-children-associated-armed-forces-or.

45 International human rights treaties that set out rights specifically for children include the Convention on the Rights of Persons with Disabilities (Art. 7; see also Art. 11 regarding armed conflict), the International Covenant on Civil and Political Rights (Art. 24), and the International Covenant on Economic, Social and Cultural Rights (Art. 10).

46 The interplay of IHL and human rights law remains a complex issue; the ICRC does not purport to describe or analyse all possible interactions between every rule of IHL and human rights law. It generally assesses the relationship on a case-by-case basis. When both IHL and human rights law regulate a particular issue, a comparison between their provisions may reveal certain differences. Where that happens, it is necessary to determine whether the difference amounts to an actual conflict between the norms in question. If there is no conflict, the ICRC has elsewhere sought to interpret the different norms with a view to harmonization. Where there is a real conflict between the respective norms, resort must be had to a principle of conflict resolution such as *lex specialis derogat legi generali*, by which a more specific legal norm takes precedence over a more general one.

47 Convention on the Rights of the Child, Arts 2, 3, 9, 38, and 39.

2.3 UN RESOLUTIONS, STATE POLITICAL COMMITMENTS AND GUIDELINES

The international legal framework protecting children in armed conflict is enriched by a significant body of UN resolutions – adopted by the Security Council, General Assembly, or Human Rights Council – addressing the issue of children during armed conflict.[48] Perhaps most notable among these are the set of UN Security Council resolutions on Children and Armed Conflict (CAAC), which establish and implement the Monitoring and Reporting Mechanism (MRM) regarding six "grave violations" against children in armed conflict; the UN secretary-general formally reports on these violations every year, including violations that take place in contexts of urban warfare.[49] UN Security Council Resolution 2573 (adopted in 2021), which addresses the protection of essential services in armed conflict, complements these child-specific resolutions and draws attention to the particularly significant impact that lack of access to essential services has on children.[50]

Many states have sought to protect children more effectively during armed conflict, based on these UN resolutions and on three political commitments and sets of guidelines. First, the 2007 Paris Commitments to Protect Children from Unlawful Recruitment or Use by Armed Forces or Armed Groups, and the accompanying Paris Principles and Guidelines on Children Associated with Armed Forces or Armed Groups, set out detailed guidelines for preventing the unlawful recruitment and use of children by armed forces or armed groups; facilitating the release and reintegration into society of any children so recruited and used; encouraging alternatives to the prosecution of children who have suffered recruitment; and providing an environment that offers the greatest possible protection for all children. They complement the legal and political mechanisms concerned with child recruitment that are already in place.[51]

Second, belligerents seeking to reduce the disruption of education caused by military use of schools may choose to endorse the Safe Schools Declaration and implement the corresponding Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict.[52] While not legally binding, in and of themselves, the Guidelines provide useful practical recommendations for belligerents to reduce the impact of their military operations on the provision of education. They can lead to a shift in weapon bearers' conduct that reduces the military use of schools and universities. This can ultimately limit damage to educational facilities and contribute to education continuing when students are in desperate need.

Finally, states contributing troops to peace operations may choose to endorse the Vancouver Principles on Peacekeeping and the Prevention of the Recruitment and Use of Child Soldiers.[53]

Where they apply, this strong network of IHL, human rights law, UN resolutions, political commitments and guidelines governs the behaviour of parties to armed conflict when they conduct hostilities in urban contexts.

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48   For example and among many others, UN Security Council Resolution 2427 (2018) urges important measures for the treatment of children associated with groups designated as 'terrorist', and children in detention during armed conflict, in paras 19–21; and UN Security Council Resolution 2601 (of 2021) sets out laws, standards and recommendations regarding the protection of education in armed conflict. Resolution A/RES/75/291 (of 2021) adopted by the UN General Assembly, reviewing the UN Global Counter-Terrorism Strategy, contains important provisions, in paras 53 and 117, related to the treatment, during armed conflict, of children associated with groups designated as 'terrorist'. Resolution A/HRC/RES/49/20 (of 2022) adopted by the UN Human Rights Council addresses important standards, in paras 24–28, regarding the rights of the child and family reunification in various situations, including when they have been recruited by armed forces or armed groups,.

49   See UN Secretary-General, *Children and Armed Conflict: Report of the Secretary- General*, UN Doc. A/76/871-S/2022/493, UN General Assembly and Security Council, 23 June 2022.

50   UN Security Council Resolution 2573 (2021), pp. 10 and 19.

51   For an overview of the Paris Principles and Commitments on Children Associated with Armed Forces and Armed Groups, see: Inter-Agency Paris Principles Steering Group, *Paris Principles and Commitments on Children Associated with Armed Forces or Armed Groups: Frequently Asked Questions*, United Nations Children's Fund (UNICEF), 2021: www.unicef.org/documents/frequently-asked-questions-paris-principles-and-commitments-children-associated-armed.

52   The Safe Schools Declaration and the Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict are available at: www.protectingeducation.org/sites/default/files/documents/guidelines_en.pdf.

53   Available at: https://www.international.gc.ca/world-monde/issues_development-enjeux_developpement/human_rights-droits_homme/principles-vancouver-principes-pledge-engageons.aspx?lang=eng.

3. THE HUMANITARIAN CONSEQUENCES OF URBAN WARFARE FOR CHILDREN

This section examines the humanitarian consequences of urban warfare for children. It starts by considering why urban warfare puts children at certain kinds of risk. It then considers consequences along various axes, including children's health (physical and mental) and their access to health care and education; risks to children based on their age, gender, disability and/or migration status; and protection risks in urban warfare, including family separation, deprivation of liberty and child recruitment by armed forces or armed groups. The section concludes by offering a short commentary on the state of data and evidence generation concerning children in urban warfare.

3.1   PATTERNS OF LIFE: THE DISTINCT RISKS TO CHILDREN IN AN URBAN WARFARE ENVIRONMENT

I think one thing that struck me was the bombardment in the urban warfare setting compared to the rural areas. In cities, there was shrapnel everywhere. The children were describing fire flying, that these pieces of wood were on fire ... It was very traumatic for them. Children would go to the shop or go to fetch water. Adults were afraid of drone strikes but then children were restless living in the remains of apartments. Adults would tell their children to go play outside. But then you had collapsing buildings. Sometimes debris would fall. And then unexploded ordnance. So, there were a lot of children who were wounded and killed. Some went after items left behind, like a household pot or a duvet. Just innocent items ... but then there would be snipers."

– interviewee in Syria

3.1.1 WHERE CHILDREN GO AND THE SPACES THEY OCCUPY

Children relate to urban areas in ways that are often distinct from that of adults. Some of the places to which children go may come to mind immediately: for instance, schools, playgrounds or their homes. However, there are many other urban settings inhabited by children, including child-specific places such as orphanages, child-care facilities, places of detention, religious centres, paediatric hospitals and after-school clubs. Older children may be also working outside the home to collect firewood or fetch water for their families, may have a presence in shops and markets, walk busy streets, participate in protests or belong to youth movements. They may be in these and other places, and during hours which are different from those when adults are moving around. Furthermore, when schools are closed, children may frequent other places, and at different times of day, putting themselves at risk from ERW and other threats associated with urban warfare. In short, analysing patterns of life among adults is unlikely to be of much help in capturing patterns of movement among children.

Even when armed forces and militaries actively seek to avoid civilian harm, they may still struggle to identify civilians in urban areas, particularly children. Some weapon bearers – armed forces personnel and members of non-state armed groups – rely on aerial images and videos provided by overhead surveillance assets, such as remotely piloted aircraft, to select targets and verify their location, and also to carry out assessments of incidental harm. This footage is often grainy, and watching this footage has been compared to "looking through a soda straw."[54] Children are usually smaller than adults and less is known about the places they frequent. They may be more easily obscured by objects and buildings, and therefore missed by overhead surveillance. Nevertheless, militaries may rely on this information to launch an attack, which is, in effect, a life-or-death decision for others.

Children's natural curiosity can also predispose them to taking risks in urban warfare settings.[55] They are more likely to pick up and play with colourful or curious-looking objects or to explore abandoned buildings. They have been injured by landmines and ERW, in part, because they play with them and may not be aware of the grave risk they can present.[56] In 2019, children accounted for 43 per cent of all documented casualties of landmines and ERW whose age was known.[57] Similarly, at the onset of urban warfare, when there is an explosion, adults may realize that they must take cover, because there may be a secondary explosion. But children may not know this, and they might also not know about the possibility of further explosions or buildings collapsing around them. What's more, they may panic, be left behind or seek shelter elsewhere in the city, risking separation from their families.

The dynamics of urban warfare also mean that children and families often do not stay in one place within a city during a conflict. They seek safety, away from the hostilities; move from areas controlled by one armed actor to another area; or leave the city altogether and become internally displaced persons (IDPs) in a different city, at an IDP site, or in a rural area;[58] some of them may eventually cross an international border. In some cases, parties to conflict force families to move within a city or from one city to another, by evacuating them or by targeting civilians, destroying the infrastructure in their communities and starving the population and/or depriving them of essential services. As children and their families move from place to place, they face many new risks, such as checkpoints, unfamiliar terrain, collapsing infrastructure, exploitation and potentially, family separation with family members going missing during their journey.

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54   Moritz Queisner, "'Looking through a soda straw': Mediated vision in remote warfare", *Politik*, Vol. 20, No. 1, March 2017.

55   Helen Berents, "This is my story": Children's war memoirs and challenging protectionist discourses", *IRRC*, Vol. 101, No. 911, August 2019, pp. 459–79.

56   Hugh G Watts, "The consequences for children of explosive remnants of war: Land mines, unexploded ordnance, improvised explosive devices, and cluster bombs", *Journal of Pediatric Rehabilitation Medicine*, Vol. 2, No. 3, January 2009, pp. 217–227; B Williamson, "The impact of ERW on children", *The Journal of ERW and Mine Action*, Vol. 15, No. 3, 2011, pp. 29–32.

57   Landmine and Cluster Munition Monitor, *Landmine Monitor 2020*, p. 2, http://www.the-monitor.org/media/3168934/LM2020.pdf.

58   Gisel *et al.*, "Urban warfare: An age-old problem in need of new solutions".

3.1.2 ECONOMIC STRESS AND SURVIVAL STRATEGIES

As a result of urban warfare, children take on new roles to support their families. This can happen when traditional breadwinners are wounded or killed or go missing. It is also due to the economic impact of war: as armed conflict disrupts markets and livelihoods in a city, a family's financial situation may deteriorate, and may result in children leaving school, marrying and having children at a younger age, or going to work.

Some families try to shield their children from the effects of war by not letting them go outside, but other children may have to leave the places where they are sheltering, particularly when children are thought to enjoy certain advantages, such as being able to evade checkpoints or pick their way through rubble, or being less likely targets than adults for snipers.

If water sources have been destroyed, children may have to walk long distances or make several trips to fetch water for cooking and cleaning. They may have to pick their way through rubble, weapon-contaminated environments, and buildings and other damaged infrastructure, or climb numerous flights of stairs, which can cause physical injuries when carrying heavy loads. While running these errands and others – such as queuing for bread or to charge appliances – children may be exposed to hostilities and wounded or killed, for instance, by shelling. Some parties to conflict place landmines between human settlements and sources of water.[59] What's more, these domestic tasks in the public sphere are more likely to expose children to harassment and violence, including sexual violence; during armed conflict trusted adults from the community are less likely to be on the streets or in close proximity to offer protection or support to the children concerned.

The International Labour Organization (ILO) estimates the incidence of child labour in countries affected by armed conflict to be 77 per cent higher than the global average; the incidence of hazardous work is estimated to be 50 per cent higher.[60] Hazardous activities undertaken by children during urban warfare, such as collecting scrap metal to sell or begging in the streets, can also put them at risk of injury or death, from landmines and ERW, for instance.[61]

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59 UNICEF, *Water under Fire Volume 3: Attacks on Water and Sanitation Services in Armed Conflict and the Impacts on Children*, UNICEF, New York, 2021.

60 An estimated 79 million children around the world participate in hazardous and harmful forms of child labour, such as collecting rubbish or working as beggars. See International Labour Office, *Global Estimates of Child Labour: Results and Trends, 2012-2016*, International Labour Office, Geneva, 2017: wcms_575499.pdf (ilo.org); International Labour Office and UNICEF, *Child Labour: Global Estimates 2020: Trends and the Road Forward*, ILO and UNICEF, New York, 2021.

61 United Nations Assistance Mission in Afghanistan (UNAMA), *Protection of Civilians in Armed Conflict: Annual Report 2020*, UNAMA, Kabul, 2021, p. 78: https://unama.unmissions.org/sites/default/files/afghanistan_protection_of_civilians_report_2020_revs3.pdf.

3.2 HEALTH AND ACCESS TO HEALTH CARE DURING URBAN WARFARE

3.2.1 THE EFFECTS OF BLASTS ON CHILDREN'S BODIES

Children's bodies are more vulnerable to the effects of explosive devices. The same explosive devices meant to wound or maim an adult combatant can more easily kill a child.[62] Children are also more likely than adults to die of blast injuries.[63] This is because children's anatomy and physiology is fundamentally different from that of adults. Children generally weigh less, so the force of a blast can hurl them against hard surfaces, such as walls. Because children are shorter than adults, an explosion that might injure the limbs of an adult can cause abdominal and thoracic injuries in a child. Children's bodies contain less blood, so they cannot afford to lose as much. The abdominal wall in a child is smaller and thinner than that in an adult, but a child's liver and spleen are proportionately larger organs, which makes children more vulnerable to blasts and trauma.[64]

These physical characteristics mean that children who survive a blast often suffer several injuries. Studies have found that child victims are more likely than adults to have shrapnel in their heads, necks, upper limbs and trunks.[65] Save the Children has reported that lower-limb injuries are less common among young children than adults, and especially uncommon among infants,[66] though that may be because young children are unlikely to survive a blast.

> In cases where children are suspected to have died of their injuries in this environment, comprehensive autopsies are necessary to document types and patterns of injury. This may require provision of support for ceasefires to enable recovery of dead bodies, appropriate documentation and temporary storage until proper forensic procedures to either identify or repatriate the dead are possible. Attention should be drawn to the presence of dead children among people who are missing or whose bodies have been recovered from mass graves. Being able to identify children as victims of urban warfare will make it possible to offer a more complete and accurate account of the effects of such conflict. Better training for forensic practitioners in autopsy techniques is an essential step in ensuring collection of more and better data in this important area.

One way of understanding the impact on children's bodies – of the use of EWIPA– is through the typologies of blast injuries.[67] While the parts of the body affected, and the severity of these injuries, can depend to some

62   Howard R Champion, John B Holcomb, and Lee Ann Young, "Injuries from explosions: Physics, biophysics, pathology, and required research focus", *Journal of Trauma and Acute Care Surgery*, Vol. 66, No. 5, May 2009, pp. 1468–1477; John Milwood Hargrave, *The Impact of Blast Injury on Children: A Literature Review*, Centre for Blast Injury Studies, Imperial College London, 2017.

63   According to Action on Armed Violence, English language media reported that more than 17,000 children were wounded or killed by explosive violence between 2011 and 2020: Verity Hubbard, *Childhood under Attack: A Timeline of Harm Following an Explosive Blast*, Action on Armed Violence (AOAV), London, 2021. See also: James Denselow, Keyan Salarkia and Jess Edwards, *Blast Injuries: The Impact of Explosive Weapons on Children in Conflict*, Save the Children International, London, 2019; Debarati Guha-Sapir *et al.*, "Patterns of civilian and child deaths due to war-related violence in Syria: A comparative analysis from the Violation[s] Documentation Center dataset, 2011–16", *The Lancet Global Health*, Vol. 6, Issue 1, January 2018, pp. E103¬–E110.

64   ICRC, *War Surgery Manual: Working with Limited Resources in Armed Conflict and other Situations of Violence, Volume 2*, ICRC, Geneva, 2013 p. 39.

65   Cino Bendinelli, "Effects of land mines and unexploded ordnance on the pediatric population and comparison with adults in rural Cambodia", *World Journal of Surgery*, Vol. 33, Issue 5, 2009; Kamøy, Podieh, and Salarkia, *Stop the War on Children: A Crisis of Recruitment*.

66   Denselow, Salarkia, and Edwards, *Blast Injuries: The Impact of Explosive Weapons on Children in Conflict*.

67   John Milwood Hargrave et al., "Blast injuries in children: A mixed-methods narrative review", *BMJ Paediatrics Open*, Vol. 3, No. 1, September 2019.

extent on age and gender,[68] the typology below gives some idea of why blasts in urban settings may be particularly harmful for children.[69]

- **Primary blast injuries** occur when the blast wave hits the body, causing fragmenting and shearing of soft air-filled organs like the ears, lungs, stomach and intestines, and of organs surrounded by fluid, such as the brain and the spine.
- **Secondary blast injuries** are caused by fragments of debris, such as casing, shrapnel, soil and rubble, that cause penetrating and direct-impact trauma in children.
- **Tertiary blast injuries** occur when the force of a blast hurls children into the air or against hard surfaces, leading to primary and secondary injuries such as blunt trauma.
- **Quaternary injuries** are other types of injury caused by blasts, such as burns, chemical exposure or inhalation of toxic gases. Certain burn patterns may be more deadly for children because their anatomical structure is different from that of adults.[70] Burns are a particular concern for children because they are more likely to develop contractures, which can lead to permanent deformation.[71]

Providing treatment for children after an explosive blast is challenging for several reasons. First, it is resource-intensive. Children have more health needs and require more surgical procedures after blasts.[72] A study in Afghanistan found that children made up between three to six per cent of all medical admissions but required seven to 11 per cent of bed space because of the severity of their injuries; the study found that children between the ages of nine and fourteen needed an average of five procedures per patient.[73]

Treating children after blasts is further hampered by the lack of paediatric expertise, especially during emergencies when medical facilities may be understaffed. The remaining medical staff may not have been trained to treat children injured by blasts,[74] and may feel the strain of having to treat children without adequate training or knowledge, particularly if they think the risk of failure is high.[75] This may be especially true of military medical personnel, for whom paediatric training is unlikely to have been a requirement but who may be the first to receive an injured child in an urban warfare setting.

68 Denselow, Salarkia, and Edwards, *Blast Injuries: The Impact of Explosive Weapons on Children in Conflict.*

69 Air Force Center of Excellence for Medical Multimedia, "Blast Injuries": https://www.cemm.af.mil/Programs/Traumatic-Brain-Injury/Moderate-to-Severe-TBI/Mechanisms-of-TBI/Blast-Injuries/.

70 Hargrave, *The Impact of Blast Injury on Children: A Literature Review.*

71 Tom Potokar, "Paediatric burn injuries: Tomorrow is too late", *Burns: Journal of the International Society for Burn Injuries*, Vol. 31, No. 4, 2005, p. 401.

72 Denselow, Salarkia, and Edwards, *Blast Injuries: The Impact of Explosive Weapons on Children in Conflict.*

73 Mary J Edwards *et al.*, "Surgical interventions for pediatric blast injury: An analysis from Afghanistan and Iraq 2002 to 2010", *Journal of Trauma and Acute Care Surgery*, Vol. 76, No. 3, March 2014.

74 Hubbard, *Childhood under Attack: A Timeline of Harm Following an Explosive Blast*; cited in: Hargrave *et al.*, "Blast injuries in children: A mixed-methods narrative review", *BMJ Paediatrics Open*, Vol. 3, No. 1, September 2019.

75 Paul Reavly, "Bombs and blast waves: Why children in conflict need special care", *Humanitarian Law and Policy Blog*, ICRC, 13 September 2018: https://blogs.icrc.org/law-and-policy/2018/09/13/bombs-blast-waves-why-children-conflict-need-special-care/; Marta Rivas Blanco, "'The sound of children screaming keeps replaying': A Red Cross nurse in Yemen," *The Guardian*, 16 August 2018: https://www.theguardian.com/world/2018/aug/16/the-sound-of-children-screaming-keeps-replaying-a-red-cross-nurse-in-yemen.

Two sources of guidance in treating children injured by blasts during urban warfare

During urban warfare, children may become victims of blasts, and suffer burns and other trauma. Their anatomical and physiological characteristics can create challenges for providers of emergency medical services, who, in addition to working in an extremely stressful environment with limited resources, might lack the training and expertise needed to treat children. They may be uncertain, for example, whether to amputate a child's leg or how to treat burns to prevent contractures for children.

Two sources of guidance can help medical personnel to treat children. First, the ICRC's two-volume **War Surgery Manual**:[76] this focuses on adults, but then draws attention to how certain scenarios or surgical procedures require a different course of treatment for children.

The **Paediatric Blast Injury Field Manual**,[77] developed by Imperial College London and Save the Children, provides guidance in operating on and treating children. It focuses on children along a continuum, from the point of injury all the way through to rehabilitation and even longer-term mental health and psychosocial support.

The two technical manuals can be read as complementary to each other. The War Surgery Manual provides guidance in child-specific treatment within the context of a broader response to war-related injury. The Paediatric Blast Injury Field Manual offers in-depth, child-centred technical guidance for those wishing to develop their expertise in treating children throughout the continuum of care.

3.2.2 DISRUPTIONS IN ACCESS TO ESSENTIAL SERVICES, INCLUDING WATER, SANITATION, ELECTRICITY AND HEALTH CARE

Disruption of essential services like water, sanitation, electricity and health care affects children more quickly and severely than adults. The scale of its impact is increased by the reverberating nature of effects across numerous essential services.[78] For instance, the disruption of essential infrastructure leads to death and starvation due to disrupted food supplies; disease outbreaks and epidemics, particularly epidemics of water-borne disease exacerbated by increasingly insanitary conditions; displacement, which can lead to overcrowding; and inadequate health services, with long-term consequences for children linked to malnutrition and lack of immunization. For this reason, it is not surprising that being born in proximity to armed conflict has been statistically linked to an increased risk of stunted growth among children.[79]

Unsafe drinking water can make children more susceptible to disease than adults. Since children's bodies are smaller, they contain less water than adults, which also means that children get dehydrated more quickly than adults. During protracted conflicts, children under the age of five are more than 20 times likelier to die of diarrhoeal disease linked to unsafe water and sanitation than violence in conflict.[80] United Nations Children's Fund (UNICEF) has found that even the shortest interruption of the supply of healthy drinking water can reverse a year of good health in children.[81] When explosive weapons destroy water and sanitation infrastructure, outbreaks of infectious disease outbreaks can follow within days. Studies have documented how closely outbreaks of cholera follow the use of explosive weapons. The conflict in Yemen destroyed water

76   ICRC, *War Surgery Manual: Volume 2*.

77   Steve Bree *et al., The Paediatric Blast Injury Field Manual*, Save the Children/Imperial College London, London, 2019: https://www.imperial.ac.uk/blast-injury/research/networks/paediatric-blast-injury-field-manual/?mc_phishing_protection_id=28048-chdll3f0s0v9garbs8i0.

78   ICRC, *Urban Services During Protracted Armed Conflict: A Call for a Better Approach to Assisting Affected People*, ICRC, Geneva 2015.

79   Eran Bendavid *et al.*, "The effects of armed conflict on the health of women and children," *The Lancet*, Vol. 397, Issue 10273, 2021.

80   UNICEF, *Water Under Fire: For Every Child, Water and Sanitation in Complex Emergencies*, UNICEF, New York, 2019.

81   UNICEF, *Water under Fire Volume 3: Attacks on Water and Sanitation Services in Armed Conflict and the Impacts on Children*, UNICEF, New York, 2021.

infrastructure, which contributed to more than 2.1 million cases of cholera;[82] in Syria, 37 water facilities were attacked between May and November 2019, depriving some 770,000 civilians, including children, of access to clean water.[83] In certain warm and wet environments, vector-borne diseases such as malaria and zika may become more prevalent when sanitation services are disrupted; this can have life-altering consequences for children.

When their supply of power is disrupted, people may revert to using other forms of fuel. They may send their children out to collect firewood or use kerosene for light and warmth rather than electricity. This can increase children's risk of burn injuries considerably.

Children's access to health care can be disrupted in a number of ways during urban warfare. In facilities run by them, armed actors may prioritize the health needs of fighters over those of the civilian population, regardless of whose needs were more urgent. A nurse interviewed for this report expressed his frustration at the fact that the hospital he was stationed at focused on treating fighters rather than civilians, including children, even when they were more seriously wounded:

> *The hospital we were supporting was primarily for fighters that needed health care. It was the only district hospital, and it did not have a paediatric ward because the children of fighters were not there. … So basically, it was a hospital that had dialysis, all sorts of fancy stuff … [W]hatever health care is available, the priority is for the fighters. … [b]ecause there is an increased need for war surgery and surgical admission for fighters, and that sort of infringes on the already-small place occupied by paediatrics in the health system.*
>
> *–Interviewee in Yemen*

Prioritization of treatment based solely on combatant status is in violation of the IHL rule that the wounded and the sick must receive – to the fullest extent practicable and with the least possible delay – the medical care and attention required by their condition, with no distinction made among them founded on any grounds other than medical ones.

Even when medical treatment is available, the dynamics of urban warfare are such that different categories of civilians may face discrimination when seeking to obtain services. This may be especially the case for children who, when confronted by barriers, are unable to plead for themselves – such as younger children, unaccompanied children, children in detention, children living in the streets and some children with disabilities. One interviewee observed that some children cannot receive the medical treatment they need because of a parent's association with an armed group, that they are identified as "sons and daughters of fighters" and "so they don't get access." Urban checkpoints may become a means for limiting the movements of specific groups in the civilian population; when children are denied access to health care during a medical emergency, the consequences can be deadly.

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82   Paul H Wise et al., "The political and security dimensions of the humanitarian health response to violent conflict," *The Lancet*, Vol. 397, Issue 10273, February 2021.

83   UNICEF, *25 Years of Children and Armed Conflict: Taking Action to Protect Children in War*, UNICEF, New York, 2022: https://www.unicef.org/media/123021/file/25%20Years%20Children%20in%20Armed%20Conflict.pdf.

Disruption of health care – another essential service – means that children cannot get either the routine or the emergency and trauma care that they need.[84] Functioning health facilities – even where they exist – may not always be able to provide services crucial for children such as a children's ward or neonatal unit.

Access to health care is also disrupted when urban warfare damages or destroys medical facilities. Research indicates that pregnant women may be reluctant to go to a medical facility to give birth or for follow-up appointments when security conditions worsen. This can lead to worse health outcomes for both mother and child: premature deliveries and low birthweight newborns are more common in armed-conflict settings.[85] Particularly during situations of siege or encirclement, families needing non-urgent care may, as a risk-avoidance strategy, stay home rather than seek treatment; this can have a severe impact on children and pregnant women, as their bodies are less capable than others' of enduring long periods of medical discomfort or with undiagnosed medical conditions.

Protracted conflict in cities also reduces the likelihood of children being immunized on time, if at all.[86] Very young children have to be vaccinated and followed up to prevent the spread of diseases and viruses. In cities, this requires families to travel to specific vaccination points, which may no longer be feasible or a priority during urban warfare. If electricity is of limited availability or rationed, vaccination centres may not have the backup needed to ensure effective cold chains. Outbreaks of infectious disease are a common occurrence as a result of the limited capacity to prevent or control them and to reduce the spread once identified.[87] For example, if measles breaks out in an urban environment, it spreads at a faster rate, and children are at greater risk of infection, especially with a limited or non-existent vaccination capacity. These risks will only grow in overcrowded living environments characterized by many families sleeping in close proximity, particularly when they are displaced or taking refuge in underground shelters.

The problems associated with delivering health care in urban warfare settings are compounded when there is a public-health emergency like an epidemic or a pandemic. When such crises develop, resources are diverted and health systems are strained even further. This imposes additional levels of restriction and risk on populations and service providers.[88] It can also have the effect of redirecting the resources that do exist to tackling the epidemic or other crisis rather than using them to meet the other health needs in the population, particularly the needs of those who are the most difficult to reach during urban warfare, such as unaccompanied and separated children.[89]

By disrupting access to essential services, some sieges and encirclement tactics also increase the likelihood of stunting, starvation or death for children.[90] These tactics damage supply chains for food and other goods such as baby formula or milk powder. Suppliers may not be able to import these goods; and when they can, inflation and demand might make them unaffordable. This will make it even more difficult for families to prevent their children from starving. These market disruptions and economic difficulties also often outlast sieges: after a conflict has ended malnutrition rates for young children may stay high.[91] IHL offers vital protection to

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84   Chaza Akik et al., "Responding to health needs of women, children and adolescents within Syria during conflict: Intervention coverage, challenges and adaptations", *Conflict and Health*, Vol. 14, No. 1, 2020.

85   My Nguyen and Kien Le, "The impacts of armed conflicts on prenatal and delivery care utilization," *Journal of Applied Economics*, Vol. 25, No. 1, 2022; James Keasley, Jessica Blickwedel, and Siobhan Quenby, "Adverse effects of exposure to armed conflict on pregnancy: A systematic review," *BMJ Global Health*, Vol. 2, No. 4, November 2017.

86   Zarmina Islam ar., "Measles in Afghan refugees: Challenges, efforts and recommendations," *Clinical Epidemiology and Global Health* 14 (2022/03/01/ 2022), Vol. 14, No. 4, March–April 2022: https://www.sciencedirect.com/science/article/pii/S2213398422000203; Valery Ngo et al., "Armed conflict, a neglected determinant of childhood vaccination: Some children are left behind," *Human Vaccines & Immunotherapeutics*, Vol. 16, No. 6, 2020.

87   Bendavid et al., "The effects of armed conflict on the health of women and children.", p. 528.

88   ICRC, *"As if the War Was Not Enough": Stories of Hardship and Resilience in Times of COVID-19*, ICRC, Geneva, 2021: https://www.icrc.org/en/document/as-if-war-was-not-enough.

89   Mohammed Alsabri et al., "Conflict and Covid-19 in Yemen: Beyond the humanitarian crisis", *Globalization and Health*, Vol. 17, No. 1, 2021.

90   Hubbard, *Childhood under Attack: A Timeline of Harm Following an Explosive Blast.*

91   Alex De Waal, *Mass Starvation: The History and Future of Famine*, Polity, London, 2018; World Food Program USA, *Winning the Peace in Humanitarian Emergencies*, UNWFP, New York, 2020.

civilians in besieged areas by imposing limits on what the parties can do during sieges. For example, and among other limits imposed by IHL,[92] treaty and customary IHL prohibit the starvation of the civilian population as a method of warfare. This means that a besieging party cannot use the plight of civilians deprived of supplies essential to their survival – in the area under siege – as a legitimate means to subdue its enemy. It is therefore the ICRC's view that a belligerent aiming to use starvation as a method of warfare against enemy forces, besieged in an area in which civilians are also trapped, must allow the civilians to leave the besieged area, because experience shows that these civilians will share the privation caused by a siege and their basic needs will go unmet.

3.2.3   CHILDREN'S MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING

Urban warfare has a profound impact on the mental health and well-being of the population exposed to it, particularly children. Research shows that more than one in five (22.1 per cent) people living in a conflict-affected area have some form of mental health condition, which is three times more than the figure for the global population.[93] Mental health needs increase during armed conflict and violence, both by giving rise to new mental-health conditions and exacerbating pre-existing ones. Toxic stress, within the context of urban warfare, can rewire the architecture of children's developing brains, leading to cognitive and emotional impairments that diminish their chances of becoming healthy, contributing members of their community and society.[94] A growing number of studies reveal clear links between children's exposure to armed conflict and anxiety disorder, post-traumatic stress disorder and depression.[95]

Reports from Gaza, Syria, Ukraine, Yemen and elsewhere concretely show the impact of armed conflict on children's mental health. Children in these settings reported regularly experiencing insomnia, stress, anxiety, panic attacks, grief, bedwetting, fear of loud sounds and nightmares.[96] [97] When planes or drones flew overhead, some children became fearful and screamed because it reminded them of bombings and gave them nightmares.[98] A 2013 study in Syria found that 84 per cent of adults and nearly all children regarded the ongoing bombing and shelling as the main cause of psychological stress in children's lives.[99] A 2022 study carried out in Gaza found that children lived in a "perpetual state of fear, worry, sadness and grief, waiting for the next round of violence to erupt, and feeling unable to sleep or concentrate."[100] The study found that more than half of Gaza's children thought about suicide, and that three out of five reported practising self-harm. Interviews reinforced these findings. "Here [in Gaza] there is a never-ending build-up to conflict," an interviewee said.

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92   For a more detailed overview of the IHL rules relevant to the protection of the civilian population during sieges, see ICRC, *International Humanitarian Law and the Challenges of Contemporary Armed Conflicts*, ICRC, Geneva, 2019, Chapter 2.1.C, pp. 22–25.

93   Fiona Charlson et al., "New WHO prevalence estimates of mental disorders in conflict settings: A systematic review and meta-analysis", *The Lancet*, Vol. 394, Issue 10194, July 2019.

94   The academic literature describes 'toxic stress' as a response that "can occur when a child experiences strong, frequent and/or prolonged adversity – such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence and/or the accumulated burdens of family economic hardship – without adequate adult support": Jack P. Shonkoff *et al.*, "The lifelong effects of early childhood adversity and toxic stress", *Pediatrics*, Vol. 129, No. 1, January 2012.

95   Vindya Attanayake *et al.*, "Prevalence of mental disorders among children exposed to war: A systematic review of 7,920 children," *Medicine Conflict and Survival*, Vol. 25, No. 1, 2009; Theresa S Betancourt *et al.*, "Research review: Psychosocial adjustment and mental health in former child soldiers: A systematic review of the literature and recommendations for future research", *Journal of Child Psychology and Psychiatry*, Vol. 54, No. 1, 2013; Bendavid *et al.*, "The effects of armed conflict on the health of women and children"; Rebecca Blackmore *et al.*, "Systematic review and meta-analysis: The prevalence of mental illness in child and adolescent refugees and asylum seekers," *Journal of the American Academy of Child & Adolescent Psychiatry*, Vol. 59, Issue 6, June 2020.

96   Claire Mason, *Trapped: The Impact of 15 Years of Blockade on the Mental Health of Gaza's Children*, Save the Children International, Save the Children oPt, 2022: https://resourcecentre.savethechildren.net/document/trapped-the-impact-of-15-years-of-blockade-on-the-mental-health-of-gazas-children.

97   Blackmore *et al.*, "Systematic review and meta-analysis: The prevalence of mental illness in child and adolescent refugees and asylum seekers".

98   Kimberly Brown, *Explosive Weapons and Grave Violations against Children: Position Paper*, Save the Children International, London, 2013.

99   Brown, *Explosive Weapons and Grave Violations against Children: Position Paper*.

100 Mason, *Trapped: The Impact of 15 years of Blockade on the Mental Health of Gaza's Children*, p. 4.

"Sometimes it builds up, and sometimes it explodes." A 2022 ICRC report – *Explosive Weapons with Wide Area Effects: A Deadly Choice in Populated Areas* – describes the case of a five-year-old in Syria who no longer speaks. In an interview, her parent explained, "Our neighbourhood has been subjected to bombings countless times; sometimes the attacks lasted for days. The sound of the explosions and the trembling of the earth were terrifying. We never knew if we would be the next ones to lose our home. My five-year-old daughter was particularly affected, and she has lost her speech. This is when we decided to leave Syria. We are in Lebanon for over a year now and still she does not talk. The slightest sound makes her wince."[101]

Children can be exposed to traumatic images during urban conflicts. For example, in some contexts, families had to leave the bodies of dead relatives behind, saying that it was too dangerous to hold funerals. This unavoidable, and sometimes unremitting, exposure to dead bodies can be traumatizing for children. They may also experience a breakdown of their familial and social networks because of school closures, reduced recreational opportunities and the loss of friends and family members. The disappearance of a family member may be profoundly consequential for children. The consequences might include psychosocial effects linked to ambiguous loss (their own and that of other family members), the stress of searching for a loved one and the consequences of changes in family dynamics.

In many contexts, mental health and psychosocial needs are not well understood, and help is seldom available. People can be confronted by rejection, discrimination and stigmatization if they even try to seek out support. In addition, obtaining support for mental health may simply not be possible because of a lack of dedicated funding and/or of access to or availability of expertise in mental health and psychosocial support.

3.3   ACCESS TO EDUCATION DURING AND AFTER URBAN WARFARE

Education is a protective and preventative service. When access to education is affected by conflict, children are exposed to many different child protection risks and may adopt harmful coping strategies, leading to long-term damage to their development and well-being. Research has made it abundantly clear that children around the world prioritize their education even when living in a crisis setting.[102] It can reasonably be assumed that many schools – and school-aged children – are concentrated in urban areas.

Urban warfare denies children access to a good education in many different ways. It disrupts the interconnectivity of essential services such as water and electricity; and it may affect the availability of fuel supplies or vehicles that are needed for transporting children to school, particularly children with disabilities. Urban warfare affects the safety of children on their way to and from school, as the roads and paths they use to walk to school may be endangered[103] by landmines and ERW located around schools or on roads; there is also a risk from damaged infrastructure.[104] It is well-documented that girls are likely to drop out of school if clean water for menstrual hygiene becomes unavailable;[105] some children will also drop out because of illness or malnutrition.

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101 ICRC, *Explosive Weapons with Wide Area Effects: A Deadly Choice in Populated Areas*, ICRC, Geneva, 2022, p. 39.

102 Save the Children reviewed 16 studies from eight organizations covering 17 different emergencies, ranging from conflict to protracted crises and disasters. See Save the Children, *What Do Children Want in Times of Emergency and Crisis? They Want an Education*, Save the Children, London 2015: https://www.savethechildren.org.uk/content/dam/global/reports/education-and-child-protection/what-do-children-want.pdf. These studies collected reflected the views of 8,749 children; 99 per cent of children in crisis situations saw education as a priority.

103 Hubbard, *Childhood under Attack: A Timeline of Harm Following an Explosive Blast.*

104 The Global Coalition to Protect Education reported more than 11,000 attacks on schools between 2015 and 2019: 22,000 students and teachers in at least 93 countries were affected. See Global Coalition to Protect Education from Attack, *Education Under Attack 2020: A Global Study of Attacks on Schools, Universities, their Students and Staff, 2017–2019*, Global Coalition to Protect Education from Attack, New York, 2020. The group Action on Armed Violence (AOAV) documented, between 2011 and 2020, at least 402 instances of the use of explosive weapons at schools and universities throughout the world, causing 5,961 civilian casualties, at least 27 per cent of whom were children. See also: Hubbard, *Childhood under Attack: A Timeline of Harm Following an Explosive Blast.*

105 Gene B. Sperling and Rebecca Winthrop, *What Works in Girls' Education: Evidence for the World's Best Investment*, Brookings Institution Press, Washington DC, 2015.

Even when schools stay open, school supplies may be scarce and teachers may have been displaced during urban hostilities. It may not always be possible to foresee conflict and set up successful remote-learning programmes (which may rely on radio or internet connectivity), or for children to take their books with them so that they can try to continue to learn when their schools are closed or they are displaced. The toxic stress and trauma that children experience can also interfere with their ability to focus on their studies,[106] [107] leading them to lose hope in their future, which will damage their motivation and impede their learning. Teachers, in turn, may feel that they are not equipped to meet children's need for psychosocial support or to cope with their behaviour. The examination cycle will be interrupted when education ministries cease to function. That can affect transition and completion rates, which will be particularly consequential for older children hoping to continue their education – or take advantage of opportunities that may come their way in the future – who need their educational certificates.

Schools are at particular risk during armed conflict because armed actors often use the infrastructure for military purposes. In certain circumstances specified by law, this can transform schools into military objectives, making them vulnerable to attack. They may also be contaminated by landmines (used to protect these positions).[108] Schools located near the front lines in urban areas can be targets for snipers. Some armed actors use schools as barracks, bases, shelters or even places of detention. If students are in the same building as these facilities, they will be at risk. Military installations near schools or on access routes may increase the risk of gender-based violence, which creates yet another barrier to an education. When schools stay open in such settings, armed actors might intimidate teachers and other school staff and students, for instance, to change the curriculum or to provide sensitive information about their students and their families.

Proximity to armed actors puts students at risk of recruitment, as schools can be used as places to meet groups of children and pave the way for their participation in hostilities. Armed actors may force teachers to attend workshops that endorse child recruitment. If teachers do not attend these workshops they may be threatened with violence and arrest. An interviewee in Yemen explained that children were required to participate in summer training camps that, in effect, laid the groundwork for child recruitment. One of the camps' aims was to glorify war and motivate children to join armed forces or armed groups. As the interviewee put it, "For children who are aged eight to 14 or 15, it is easy, year after year of hearing the same military slogans and the same propaganda, to want to join these groups."

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106 Christina Wille and John Borrie, *Understanding the Reverberating Effects of Explosive Weapons: A Way Forward*, United Nations Institute for Disarmament Research (UNIDIR), Geneva, 2016.
107 ICRC, *I Saw My City Die: Voices from the Front Lines of Urban Conflict in Iraq, Syria and Yemen*.
108 UNICEF, *25 Years of Children and Armed Conflict: Taking Action to Protect Children in War*.

3.4   INTERSECTING RISKS BASED ON SEX, GENDER, AGE, DISABILITY AND MIGRATION STATUS

Children are not a homogenous group. Diversity factors can confer advantages or disadvantages that shape their experience of urban warfare.[109] Typically, a young girl's experience of urban warfare will be different from that of an adolescent boy. Children's experiences of urban warfare will also be shaped by whether they already have a disability or if they acquire a disability during the conflict. This section explains how certain intersecting factors of diversity – sex and gender, age, disability and migration status – shape the impact of urban warfare on children.

3.4.1   SEX AND GENDER

Children's experience of urban warfare differs based on sex and gender.[110] Boys are more likely to be directly affected by explosive weapons, landmines and ERW, because they are more likely to be out in the community.[111] Some reports indicate that boys and men make up 85 per cent of all casualties of landmine- or ERW-related incidents.[112] They may have been collecting scrap metal or combing through damaged buildings which may be weapon-contaminated. Boys may also be more likely to be targeted by armed actors, as they are more likely to be suspected of being combatants than girls. Girls may have to take on more caretaking and income-earning responsibilities when their male relatives are wounded, killed or go missing.[113]

Girls also experience the gender-specific impact of urban warfare, within the context of gender-based inequality in conflict-affected places and elsewhere throughout the world.[114] For example, women and adolescent girls lag behind men and boys in literacy in all the crisis-affected countries studied by the Inter-agency Network for Education in Emergencies (INEE); gender gaps in access to education widen in situations of displacement.[115] In certain contexts, girls and women face gender-based barriers to health care, including lack of female medical personnel; social or other norms that limit their mobility; or financial obstacles to sexual- and reproductive-health services.[116] An interviewee who worked as a physical rehabilitation specialist in Iraq reinforced

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109 ICRC Inclusive Programming Policy: "Diversity refers to all forms of differences based on social backgrounds and identities that make up a population, including but not limited to differences in sex, gender, age, disability, race, national, ethnic or social origin, religion or belief, political or other opinion, language, socio-economic status, sexual orientation or gender identity. The ICRC distinguishes dimensions of diversity as **individual** (e.g. sex, gender, age, disability, sexual orientation and gender identity), **community** and/or **conflict-related** (e.g. nationality, religion, ethnicity). These dimensions overlap and interact with each other to create diverse identities. Combined with prevailing social power dynamics, they influence individuals' and groups' inclusion or exclusion. This overlap of dimensions of diversity is referred to as "intersectionality", and their consideration is referred to as an 'intersectional approach'." See ICRC, *Inclusive Programming Policy*, ICRC, Geneva, 2022: https://shop.icrc.org/inclusive-programming-policy-pdf-en.html.

110 ICRC Inclusive Programming Policy: "**Sex** refers to the biological and physiological characteristics of male, female or intersex individuals. **Gender** refers to an aspect of people's socially determined identity that relates to masculinity and femininity – it is not binary. Social and structural expectations of gender influence the roles, power and resources available to women, men and people of other gender identities in any culture. Gender roles are learned and changeable over time based on economic, political, cultural, religious and other environmental factors. There are diverse legal definitions and/or understandings of gender depending on context." The ICRC's understanding of sex and gender are set out in ICRC, *Inclusive Programming Policy*, ICRC, Geneva, 2022: https://shop.icrc.org/inclusive-programming-policy-pdf-en.html.

111 Hubbard, *Childhood under Attack: A Timeline of Harm Following an Explosive Blast*.

112 Landmine and Cluster Munition Monitor, *Landmine Monitor 2020*, p. 2: http://www.the-monitor.org/media/3168934/LM2020.pdf.

113 Reaching Critical Will, *Women and Explosive Weapons*, WILPF, Geneva/New York, 2014, pp. 13–16. See also: Action on Armed Violence , "Examining the gendered impacts of explosive weapons: An overview of existing datasets", 5 September 2019: https://aoav.org.uk/2019/gendered-impacts-overview-of-existing-datasets/.

114 The annual Global Gender Gap Index in 2022 measured gender inequality across 146 countries, based on 14 indicators. As recently as 2022, no country had achieved full gender parity across the indicators; see: World Economic Forum (WEF), *Global Gender Gap Report 2022*, WEF, Geneva, 2022, p. 5.

115 INEE, *Mind the Gap: The State of Girls' Education in Crisis and Conflict*, INEE, 2021, pp. 37-38: https://reliefweb.int/report/world/mind-gap-state-girls-education-crisis-and-conflict.

116 For context-specific studies see, for example, Narges Neyazi *et al.*, "Gender barriers are worsening women's access to health care in Afghanistan", *The Lancet*, Vol. 400, Issue 10354, September 2022, pp. 731–732; Dalia Hyzam *et al.*, "Health information and health-seeking behaviour in Yemen: Perspectives of health leaders, midwives and mothers in two rural areas of Yemen", *BMC Pregnancy and Childbirth*, Vol. 20, No. 1, July 2020.

this point: "We see a lot more boys that are injured by mines.… but they may also be more likely to be brought in for medical attention." The interviewee went on to note that girls may be less able to obtain services unless they are accompanied by an adult.

Such inequalities in girls' access to education and health care, including access to sexual- and reproductive-health care of good quality, can be exacerbated when hostilities cause direct and indirect damage to infrastructure and diminish the resources available.[117] The World Health Organization (WHO), UNICEF, the United Nations Population Fund (UNFPA), the World Bank Group and the United Nations Department of Economic and Social Affairs, Population Division (UNDESA/Population Division) report that humanitarian settings including conflict hinders the progress of maternal mortality reduction – that is, reduction of sex-specific mortality rates, which include girls – as the breakdown of health systems can cause a dramatic rise in deaths due to complications that would be treated without difficulty in stabler circumstances.[118]

At the same time, girls tend to be more "invisible" to data collection: put simply, girls and women may not be counted accurately, or their experiences captured, at the same rate as boys in data collection.[119]

Gender-based differences also arise from the economic desperation that often accompanies protracted conflict. Harmful coping mechanisms can take different forms, including child marriage[120] or abandonment or sale of children. For example, in the wake of the economic crises in Afghanistan and Yemen, some poor families married off very young girls for the dowry, which they used to feed the other children in the household. In one country, an interviewee observed that cramped living conditions accelerated child marriage: it was not appropriate for unmarried children to sleep in the same room as adults who were not family members, so in order to avoid the stigma caused by what might be taken to be culturally inappropriate, some families opted to marry off young girls.

3.4.1.1   Sexual and gender-based violence

Both girls and boys experience sexual and gender-based violence during urban warfare,[121] girls being disproportionately affected. Data on sexual and gender-based violence within the specific context of urban warfare are limited. However, a recent Lancet review found that roughly a third of girls living in a humanitarian setting said that their first sexual encounter had been forced upon them.[122] The WHO has estimated that approximately one-third of women worldwide have experienced some form of gender-based violence. Save the Children found that one in six children lives near an armed group that perpetrates sexual violence against children, most of the reported victims being girls.[123]

Sexual violence is hard to escape in urban settings. Children run the risk of becoming victims of sexual violence or of witnessing such violence against others during door-to-door searches, looting and military use of residential dwellings, or at checkpoints, or when they carry out domestic tasks or work, or go to school unescorted. Armed actors commit sexual violence as a method of warfare, opportunistically, and as a tolerated practice; and rates of sexual-and gender-based violence among the civilian population also rise for reasons both directly and indirectly related to conflict.

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117 Denselow, Salarkia, and Edwards, *Blast Injuries: The Impact of Explosive Weapons on Children in Conflict*.

118 WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division, *Trends in maternal mortality 2000 to 2020: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division*, WHO, Geneva, 2023, p. xv.

119 Action on Armed Violence (AOAV), "Examining the gendered impacts of explosive weapons: An overview of existing datasets", 5 September 2019: https://aoav.org.uk/2019/gendered-impacts-overview-of-existing-datasets. For a mapping of gender-data gaps related to conflict, see: Data2x, *Mapping Gender Data Gaps in Human Security, 2020:* https://data2x.org/wp-content/uploads/2020/03/MappingGenderDataGaps_Security.pdf. The UN secretary-general has called for priority to be given to closing gendered data gaps. See UN Security Council, *Women and Peace and Security: Report of the Secretary-General*, UN Doc. S/2021/827, 27 September 2021, para. 112.

120 K Hunnerson *et al.*, *Child Marriage in Humanitarian Settings in the Arab States Region: Study Results from Djibouti, Egypt, Kurdistan Region of Iraq and Yemen*, Women's Refugee Commission, New York, 2020.

121 Ewa Sapiezynska, *Weapon of War: Sexual Violence against Children in Conflict*, Save the Children International, London, 2021: https://resourcecentre.savethechildren.net/pdf/weapon-of-war-report_final.pdf/.

122 Lindsay Stark, Ilana Seff, and Chen Reis, "Gender-based violence against adolescent girls in humanitarian settings: A review of the evidence", *The Lancet Child & Adolescent Health*, Vol. 5, Issue 3, March 2021.

123 Sapiezynska, *Weapon of War: Sexual Violence against Children in Conflict*.

The effects of sexual violence on the individual, and on their families and communities, can be devastating.[124] It can have lifelong health consequences, particularly for girls, for whom premature childbearing can have physical and mental health consequences. Stigmatization of victims of sexual violence and their children can result in their becoming isolated in their communities. In urban warfare contexts, it can be difficult or impossible for survivors of sexual violence to gain access to information and health care, notably sexual- and reproductive-health care, including post-exposure prophylaxis kits within the required time frame.

Children born of sexual violence, and their mothers, may face violence, stigmatization and discrimination in both their families and their communities. During and in the aftermath of urban warfare, girls and women might encounter difficulties in registering births and obtaining official documents for their children, potentially narrowing their children's access to services in the future, including access to education. These difficulties can be exacerbated when a city or part of a city is under the control of an armed group: in such circumstances, it may not be possible to register births and mothers may have to make do with the unofficial documents given to them. In addition, mothers may have little access to justice or compensation for acts of sexual violence against them, particularly when the perpetrator is unknown, or when it is simply too risky for the victim to identify the perpetrator or themselves.

3.4.2   AGE

Children's experience of urban warfare also varies by age. Children under the age of five are more likely to be in domestic spaces with their primary caregivers, in public playgrounds or at facilities designed for small children, such as child-care facilities or paediatric institutions providing early-childhood vaccination or nutritional support. By contrast, school-age children will spend a good deal of time at educational facilities (if they exist and are functioning). When they are not in school, they may be on their way there or may be leaving for specific locations to take part in recreational or social activities, or to help their families either inside or outside their homes, depending on the context as well as on each child's individual profile, including their age, gender and whether they have a disability.

Conflict in cities will disrupt these routines. Children in certain areas of a city may need to take different routes to school for reasons of safety or may change their behaviour when outside. Older children may drop out of school to support their families, by assuming responsibility for domestic tasks or by working in urban spaces other than those they used to frequent.

The impact on children, and the corresponding physical and mental health needs that arise, will also vary with age, maturity and developmental stage. The complexity of their experience must be recognized when assessing their physical, psychological and cognitive-development needs, and when devising supportive responses for different stages of their childhood.

Adolescents may come under pressure to assume adult roles within the family and their community, including in relation to the conflict. They may be more prone to risk-taking behaviour than adults or become politically active or outspoken. An interviewee in Ukraine said that children, particularly boys, felt pressure "to be seen as brave and to simply be out in the community". Older children can be influenced by propaganda and narratives around the need to protect their families and communities, and may be recruited to join non-state armed groups and exposed to additional harm. Older children can be at greater risk of recruitment by armed forces and armed groups, for instance, in schools and other settings where children gather and are allegedly recruited for direct participation in hostilities.[125] In addition, children may be recruited for use as spies, messengers (particularly when they are able to move about freely – more than adults – through a city) or porters, or for sexual purposes, i.e. as "wives" or "girlfriends."

124 UN Secretary-General, *Women and Girls who Become Pregnant as a Result of Sexual Violence in Conflict and Children Born of Sexual Violence in Conflict: Report of the Secretary-General*, UN Doc. S/2022/77, UN Security Council, 2022: https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2022/04/auto-draft/SG-Report2021for-web.pdf.

125 Kamøy, Podieh and Salarkia, *Stop the War on Children: A Crisis of Recruitment*: https://resourcecentre.savethechildren.net/document/stop-the-war-on-children-a-crisis-of-recruitment/?_ga=2.110326725.1193146828.1683752243-1562747438.1593689563&_gl=1*1gsw30f*_ga*MTU2Mjc0NzQzOC4xNTkzNjg5NTYz*_ga_646SWQJ0VB*MTY4Mzc1MjI0OS4yMS4wLjE2ODM3NTIyNDkuNjAuMC4w*_ga_GRKVSTV36C*MTY4Mzc1MjI1MC4xLjAuMTY4Mzc1MjI1MC42MC4wLjA.

3.4.3 DISABILITY

Children with disabilities[126] are often disproportionately affected by urban warfare. Children with existing (pre-conflict) disabilities may face certain specific risks when fighting breaks out. Before conflict, children with physical disabilities may have benefited from the assistive devices and resources that urban environments can offer, such as wheelchairs or elevators. During urban warfare, however, elevators may not be functioning and routes may become less navigable or even impassable for those with mobility or visual impairments, and it may not be possible to repair or replace damaged or broken assistive devices. Those with hearing, visual or intellectual/psychosocial impairments may be unable to see, hear or understand the risks or the protective messages in their environment. As with very young children, children with disabilities may have to rely on family members or other trusted adults to guide their movements, including during evacuations or while escaping from an urban warfare context; those who need more support than others will be at risk of being left behind during evacuations.

Children with disabilities living under siege are also at greater risk of malnutrition because their needs are not always accounted for; in particular, they are less likely to be included in programmes for education, which often contain a nutrition component.[127]

Disability-related barriers can intersect with gendered risks. Girls are less likely than boys to be directly affected by explosive weapons, but girls with long-term physical impairments may suffer gender-based discrimination and exclusion. In Afghanistan, for example, girls with disabilities were less likely to continue their education, especially if ramps or accessible toilets had to be installed in public buildings or if accessible transport was needed to reach the nearest school.[128]

UNICEF estimates that one in ten children throughout the world are deprived to some extent of the necessary health care, education and protection. Prevalence figures on disabilities are likely to be higher in conflict-affected populations, including during urban warfare.[129] One survey of Syrian refugees living in camps in Jordan and Lebanon found that 22 per cent of respondents of all ages had a physical disability.[130]

The violence of urban warfare can also cause disabilities for children. They can be wounded or injured directly or indirectly during the conduct of hostilities and their aftermath. This includes gunshot wounds, injuries caused by flying objects like shrapnel or glass or by the detonation of landmines or ERW, and various kinds of harm from collapsing buildings and explosions. Untreated wounds and injuries can become infected and have secondary consequences for children's health. Children involved in hazardous child labour linked directly or indirectly to urban warfare – for example, fulfilling roles within armed groups or in work taken up to relieve war-related financial pressure – may also be wounded or injured, because of their working conditions. The physical, visual and hearing disabilities incurred by children during urban warfare can have lifelong consequences, such as narrowing their chances of getting an education. Children with disabilities may be subjected to stigmatization and discrimination because of their impairment especially when prostheses/orthoses, and rehabilitation and other pertinent services, are unavailable.[131]

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126 The ICRC follows the UN Convention on the Rights of Persons with Disabilities in understanding the term 'persons with disabilities' to include those individuals "who have long-term physical, psychosocial, intellectual or sensory impairments, which, in interaction with various barriers, may hinder their full and effective participation on an equal basis with others." See Art. 1 of the Convention on the Rights of Persons with Disabilities.

127 UNICEF, *Seen, Counted, Included: Using Data to Shed Light on the Well-Being of Children with Disabilities*, UNICEF, New York, 2021.

128 Human Rights Watch, *"Disability Is Not Weakness": Discrimination and Barriers Facing Women and Girls with Disabilities in Afghanistan*, Human Rights Watch, New York, 28 April 2020: https://www.hrw.org/report/2020/04/28/disability-not-weakness/discrimination-and-barriers-facing-women-and-girls.

129 UNICEF, *Seen, Counted, Included: Using Data to Shed Light on the Well-Being of Children with Disabilities*, UNICEF, New York, 2021: https://data.unicef.org/resources/children-with-disabilities-report-2021.

130 Handicap International and HelpAge International, *Hidden Victims of the Syrian Crisis: Disabled, Injured and Older Refugees*, Handicap International and HelpAge International, London, 2014.

131 See for example, Hargrave, *The Impact of Blast Injury on Children: A Literature Review*; Human Rights Watch, *"It was really hard to protect myself": Impact of the Armed Conflict in Syria on Children with Disabilities*, 2022, p.50: https://www.hrw.org/sites/default/files/media_2022/09/syria0922_web.pdf.

Additionally, children injured by blasts during urban warfare may have difficulty in obtaining rehabilitation services. Because their bodies are still growing, children who have received amputations will require more follow-up support than adults from physical rehabilitation and prosthetic services. A child's amputated bone will continue to grow, which means that children will need to have their prostheses resized repeatedly. Among children, scarring is more likely to lead to contractures as they grow; but the scar itself does not grow, and children may need several rounds of reconstructive surgery, including for nerve injuries. Most children will also outgrow their wheelchairs and other assistive devices.[132] Unfortunately, long-term care for survivors of blast injuries is rarely available in urban warfare contexts; and the service providers in existence may face challenges related to import restrictions for the materials they need, lack of access to the necessary devices, and lack of expertise in repairing damaged devices.[133] Because of displacement and the changing dynamics of armed conflict, children with disabilities may also be unable to receive the follow-up[134] they need, exacerbating their psychological and emotional distress.[135]

3.4.4   INTERNALLY DISPLACED AND MIGRANT CHILDREN

> Like other components of the Movement, the ICRC uses a deliberately broad description of migrants to include all people who leave or flee their home to seek safety or better prospects abroad, and who may be in distress and in need of protection or humanitarian assistance. Migrants may be workers, students and/or foreigners deemed 'irregular' by public authorities. They may also be refugees, asylum seekers and/or stateless persons, who enjoy specific protection under international law. We seek to ensure that all migrants, including refugees and asylum seekers, receive the protection they are entitled to under international and domestic law, but we adopted an inclusive description to reflect our operational practice and to emphasize that all migrants are protected under several bodies of law.[136]

Migrant children, including refugee children, can be caught in urban warfare during their journey – as restrictive migration-related policies and practices may compel them to take dangerous routes through areas affected by armed conflict – or if armed conflict breaks out in their countries of destination, transit or residence. They may be particularly vulnerable in such situations, even more so if they are travelling alone, because they often have no local community to rely on for protection or assistance, do not speak the local language and/or lack information about conflict-related dynamics and weapon-contaminated areas. Effective consular support may not be available, and they may have to contend with the hostility of the local population, especially if, owing to their nationality or ethnicity, they are thought to be linked to a party to the conflict.[137]

Internally displaced and migrant children may be at risk of sexual violence, arbitrary deprivation of liberty, recruitment, or other violations of IHL by parties to the conflict.[138] Furthermore, depending on the place where IDPs or migrants are staying or being held (e.g. camps, reception centres, places of detention or other facilities), internally displaced or migrant children may be particularly exposed to the effects of hostilities. This happens, for example, when the presence of members of an armed group within a refugee camp or IDP site undermines the civilian and humanitarian character of the site, or when camps or immigration detention facilities are situated close to military objectives and/or targeted during the fighting.

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132 Handicap International and Humanity & Inclusion, *The Waiting List: Addressing the Immediate and Long-Term Needs of Victims of Explosive Weapons in Syria*, Handicap International and Humanity & Inclusion, Lyon, France, 2019.

133 Human Rights Watch, "UN: High risk in conflicts for children with disabilities", Human Rights Watch, New York, 2 February 2022: https://www.hrw.org/news/2022/02/02/un-high-risk-conflicts-children-disabilities.

134 Hargrave *et al.,* "Blast injuries in children: A mixed-methods narrative review", *BMJ Paediatrics Open*, September 2019.

135 Emina Cerimovic, "At risk and overlooked: Children with disabilities and armed conflict", *IRRC*, Vol. 105, No. 922, December 2022, pp. 211–212.

136 On the ICRC's approach to migration, see Stéphanie Le Bihan, "Addressing the protection and assistance needs of migrants: The ICRC approach to migration", *IRRC*, Vol. 99, No.1, 2017, pp. 99–119.

137 On the specific vulnerabilities of migrants caught in armed conflicts, see ICRC, "Comment on the Global Compact on Safe, Orderly and Regular Migration," ICRC, Geneva, 2017.

138 On how IHL protects migrants, as part of the civilian population, caught in armed conflicts, see Helen Obregón Gieseken, "The protection of migrants under international humanitarian law", *IRRC*, Vol. 99, No. 904, April 2017, pp. 121–152.

3.5 SPECIFIC RISKS FOR CHILDREN IN ARMED CONFLICT THAT ARE EXACERBATED BY URBAN WARFARE

There are specific risks for children in armed conflict that are particularly heightened by urban warfare. This section highlights four of them: displacement, family separation, child recruitment and participation in hostilities and detention.

3.5.1 DISPLACEMENT

A growing proportion of people internally displaced by armed conflict and other situations of violence live in cities and towns. People are displaced when their own town or city becomes the site of armed conflict or other violence, or of a disaster; or they move from rural areas to seek refuge in a city. In urban warfare, insecurity is often a dominating feature of people's daily lives, limiting their ability to move around to obtain services and undermining their psychological well-being.

During urban warfare individuals and families are often forced to leave their homes, because of direct (attacks on neighbourhoods, street fighting, etc.) or indirect (i.e. school closure, lack of access to essential services, such as health care, breakdown of the power grid, etc.) consequences of the conflict. Children (and their families) may resort to displacement as a mechanism for self-protection to avoid exposure to sexual violence or child recruitment. In some cases, the decision to flee is taken in haste, and important items such as official documents are left behind. The lack of documents can sometimes prevent children from enrolling in schools in their place of displacement or from proving their age, which may exclude them from certain services and state social mechanisms.

Most IDPs are women and children[139] seeking refuge within their cities or in flight to a neighbouring city in search for safety and security. During their flight children are at greater risk of being separated from their families; and some may face arrest at checkpoints. Displaced people often end up living with the urban poor in peripheral slums where housing is of poor quality and access to jobs and services, limited. In addition, most displaced people are displaced repeatedly. This has a particular impact on children, whose lives, and access to essential services, including health care and education, may be disrupted periodically, in addition to their being required to contribute to the household's income.

At the same time, the impact of urban warfare and internal displacement on host populations must not be overlooked. Fortunately, host communities tend to be generous first responders in internal-displacement crises. They provide IDPs with shelter and other necessities, sharing what they have with the newcomers. Nonetheless, over time, host communities may come to regard people trapped in protracted displacement as burdensome, as rents go up and prices increase, resources and services are overstretched, and neighbourhoods become overcrowded. This may result in a breakdown of social cohesion, straining relationships within communities for years to come.

Without the long-term engagement of authorities who bear the primary responsibility for protecting and assisting IDPs, and the active participation of IDPs in decision-making, achieving durable solutions for internally displaced children and their families remains difficult – if not impossible.

Although people fleeing urban warfare (and armed conflict more generally), including children, often remain internally displaced within their country, a significant number still look for safety beyond the border.

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139 More than 50 per cent of the world's IDPs are children and young people (25.2 million children internally displaced worldwide by the end of 2021). See Internal Displacement Monitoring Centre and Norwegian Refugee Council (IDMC), *GRID 2022: Children and Youth in Internal Displacement*, IDMC, Geneva, 2022: https://www.internal-displacement.org/sites/default/files/publications/documents/IDMC_GRID_2022_LR.pdf.

Some people decide to move to neighbouring countries, or even beyond – after being internally displaced, often several times – because they are unable to find protection and durable solutions in their country. Restrictive migration policies, and the limited availability of safe avenues for seeking asylum and other forms of international protection, force many people, including children, to take dangerous routes and rely on smuggling and trafficking networks. As a result, migrants fleeing armed conflict, including refugees – many of them children – are increasingly exposed to violence, exploitation, abuse, and other physical and mental harm during their journeys and at their destination.[140] Going missing and/or dying, leaving behind families in desperate search for answers, is a major concern.[141] Encampment and immigration detention policies – increasingly used against unwanted arrivals – besides exposing them to serious protection risks, are adeleterious to the well-being of migrants, especially children. The trauma and suffering the children experienced in their country of origin, because of urban warfare, is compounded by trauma and suffering related to fleeing and displacement across borders.

For all displaced children and their families, the destruction caused by urban warfare will often be an obstacle to their safe and voluntary return with dignity to their homes, thus forcing them to remain in the limbo of protracted displacement for months, or even years. If or when the fighting ceases or moves on, displaced families are often unable to return, because not only have their homes been damaged or destroyed, but so, too, have their sources of livelihood and essential infrastructure such as water, sanitation, health and educational systems. Until they are safely removed, unexploded ordnance and ERW will continue to menace civilian returnees. This can take a heavy toll, not only on children today but also on future generations.
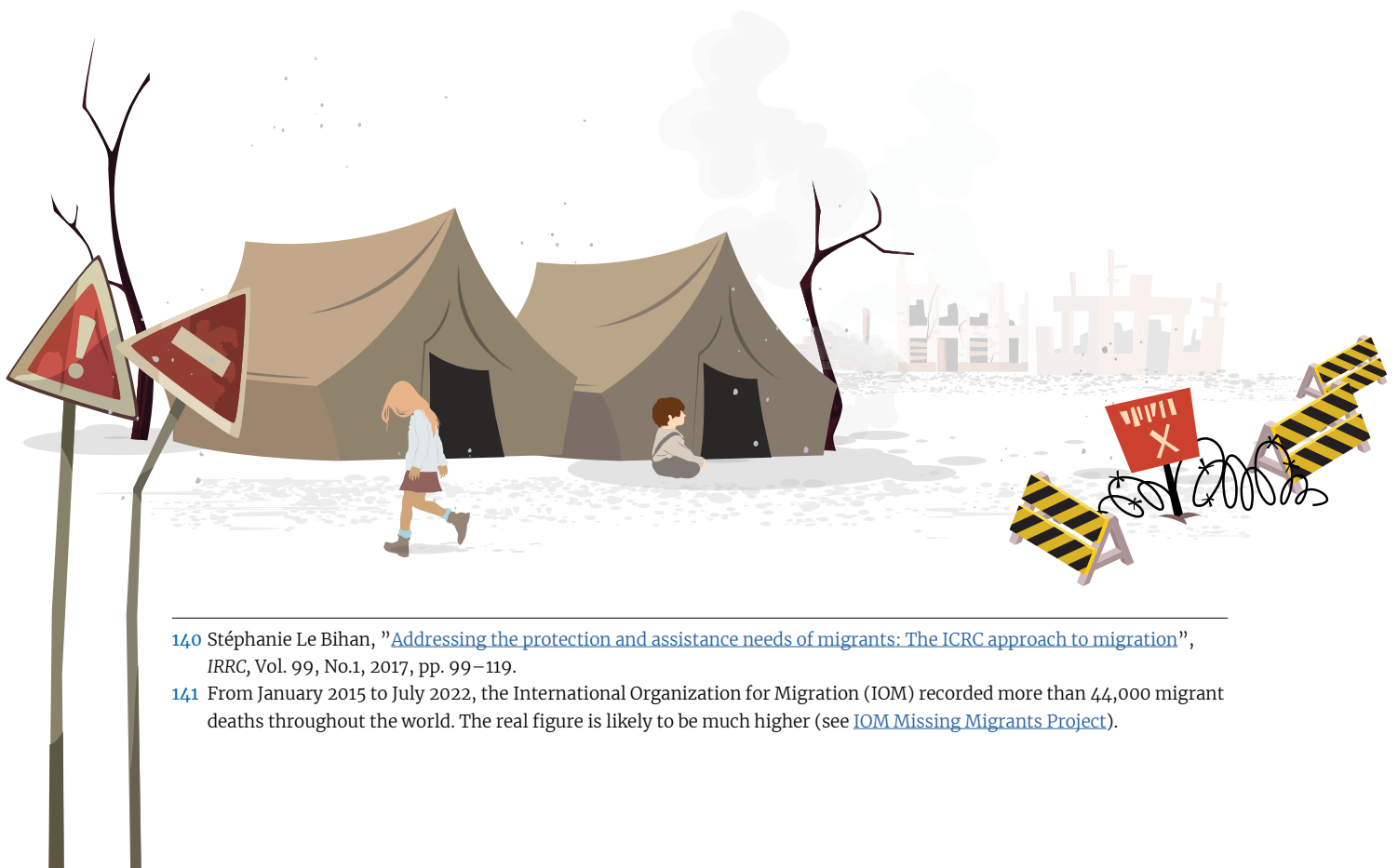
140 Stéphanie Le Bihan, "Addressing the protection and assistance needs of migrants: The ICRC approach to migration", *IRRC,* Vol. 99, No.1, 2017, pp. 99–119.

141 From January 2015 to July 2022, the International Organization for Migration (IOM) recorded more than 44,000 migrant deaths throughout the world. The real figure is likely to be much higher (see IOM Missing Migrants Project).

3.5.2   FAMILY SEPARATION AND UNACCOMPANIED AND SEPARATED CHILDREN

Family separation and loss of contact among family can take place quickly and in numerous ways during urban warfare.[142] Children can be lost track of during evacuations, displacement and the chaos of sheltering from attack.[143] Children with disabilities or in institutions may be overlooked, or not taken sufficiently into account, in evacuation plans.

Prior to attacks on cities, information on preventing family separation can be shared widely within the community – including in child-friendly language and in places frequented by children – particularly with adolescents, who will need no help in understanding the information. Family members might make arrangements to deal with the possibility of separation – where to meet, whom to contact and how, etc. – and might ensure that children are carrying documents clearly stating who they are in case they become separated from their family and are on their own. The nature of urban warfare means that loss of contact can occur quickly – because of shifting front lines, checkpoints or if certain urban areas become dangerous. It can happen when an adult or child is detained, recruited, wounded and hospitalized, or killed. When internet and phone networks are damaged, supply of electricity to charge devices disrupted, and movement restricted – meaning that families can be kept apart – children are at greater risk, both of separation and of losing the means of getting back in touch with their caregivers (who now regard them as missing people), in what is already a time of crisis and confusion.

Unaccompanied children are without a familial protection mechanism and may quickly find themselves struggling to meet their essential needs on their own, especially when other essential and protective services, such as social support and education, may also have been disrupted or become inaccessible. Some unaccompanied children may also suddenly have to take care of younger siblings or seek protection from neighbours or other members of the community. Unaccompanied children, who may already have been displaced from their homes, are particularly vulnerable to recruitment by armed actors, and to violence, exploitation and abuse, including sexual violence. They may quickly turn to harmful coping mechanisms, such as living on the street, engaging in survival sex or hazardous forms of child labour.

For these reasons, unaccompanied and separated children must be identified rapidly and accurately and given appropriate care while the search for their missing family members is launched and actions to restore their family links are undertaken, though this may be extremely challenging to ensure while hostilities are still in progress. Setting up safe and appropriate care arrangements for unaccompanied children and children with disabilities may not be easy; there may be possibilities of family-based care arrangements with known adults who can be supported from a distance, if physical relocation and family reunification is not yet possible. However, when conflict is protracted, there may be lulls in the fighting during which unaccompanied and separated children can be located, identified, cared for and safely reunited with their families.

During armed conflict, adult family members may be killed, go missing, go into hiding, be detained or join armed forces or armed groups. Their absence changes family dynamics. Children may be forced to take on different roles. They may have to become breadwinners or tend to others in their families. This can mean long periods without adult supervision, within and outside the home. Recognizing the vulnerability of child-headed households is important: without such recognition these children may not receive the necessary care and attention. In addition, more research has to be done on the long-term effects of being a child in the family of a missing person.

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142 'Unaccompanied children' or 'unaccompanied minors' can be understood to mean "children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so". 'Separated children' can be understood to mean "those separated from both parents or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members". See Inter-agency Working Group on Unaccompanied and Separated Children, *Field Handbook on Unaccompanied and Separated Children*, Alliance for Child Protection in Humanitarian Action, New York, 2017. See also the definitions used by the Movement's Family Links Network.

143 Ruben Stewart, "Lessons encountered during the battle for Mosul," *NZ Army Journal*, No. 4, February 2018.

3.5.3   CHILD RECRUITMENT AND PARTICIPATION IN HOSTILITIES

Urban warfare is more likely to put children in proximity not only to weapons and the effects of hostilities, but also to armed forces and armed groups. The recruitment and use of children in armed conflicts is not new,[144] nor is it confined to urban areas. There are many 'push' and 'pull' factors that cause children to join armed forces and armed groups, and all of them are complex. However, in an urban setting, armed actors can use their proximity to children to engage with them in places like schools and institutions of various kinds, and during sports or cultural events. They can recruit children into their ranks by using a variety of "pull" factors, such as the desperate financial state of families, and by propagandizing a certain set of ideas or appealing to children's sense of duty to take up weapons or otherwise support the cause. When a family loses a breadwinner, particularly a father or some other adult male family member who may be missing or dead, the boys in that family may be particularly vulnerable to recruitment. Armed actors can base their appeal on culture or on other factors based on gender and the transition to adulthood. These factors were described by an interviewee in Yemen in the following way:

> *[Non-state armed groups] give them drugs. They expose them to ideology for years. They can offer them a monthly salary. And you have a perfect storm for a 14-year-old who can't see beyond 'I want to be an adult in my country'. … Those children who end up dying are celebrated as martyrs … their pictures are hung in the neighbourhoods and the schools where they came from. In nearly all of these pictures, the children are using khat (a drug), which they chew. …*

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144 The data currently available data lead to the bleak realization that children continue to be recruited by armed forces and armed groups in large numbers. In 2022 the Special Representative of the Secretary-General for Children and Armed Conflict reported, to the General Assembly, the recruitment and use of 6,310 children throughout the world in 2021: https://childrenandarmedconflict.un.org/document/annual-report-of-the-special-representative-of-the-secretary-general-for-children-and-armed-conflict-to-the-general-assembly/.

Children associated or perceived to be associated with armed groups, including groups designated as 'terrorist', face violence and discrimination. One interviewee observed that in Iraq and Syria children associated or perceived to be associated with armed groups were often viewed exclusively through a security lens, as potential threats rather than primarily as children with corresponding rights and protections.[145] This had a particularly harmful effect on boys, given "the gender stereotypes that attach to young male children and adolescents".[146] Such children are subject to what the UN Special Rapporteur on the promotion and protection of human rights and fundamental freedoms while countering terrorism has referred to as "un-childing": in other words, they are treated as if they were not children but adults, and the legal protection to which they are entitled, as children, is ignored or withheld.

Children associated with armed forces and armed groups may also struggle to be released or to leave, owing to the circumstances of ongoing conflict, lack of access to information and potentially, the lack of alternatives in an urban area. Humanitarian and/or demobilization programmes – that enable children to escape without risk of retaliation – are unlikely to be in place. If children do manage to leave armed forces or an armed group, they will require a comprehensive and holistic reintegration approach that ensures their recovery and reintegration. Children formerly associated with armed forces and armed groups may be discriminated against when seeking to obtain services and support: for example, they may not be given official documents indicating they have been released, which they will need to enrol in schools. Operational guidance in sustainable reintegration is available in the *Paris Principles Operational Handbook*[147] and in the *Paris Principles and Guidelines on Children Associated with Armed Forces and Armed Groups*. The guidelines recognize that children with disabilities, and girls[148] and children with their own children, who have been associated with the armed forces or an armed group will require additional support.

145 Office of the Special Representative of the Secretary-General for Children and Armed Conflict, "UN Experts Stress Urgent Need to Ensure Child Rights While Implementing Counter-Terrorism and National Security Measures – Office of the Special Representative of the Secretary-General for Children and Armed Conflict"; ICRC, *Twelve Issues for 2022: What States Can Do to Improve Respect for International Humanitarian Law, ICRC*, Geneva, 2022: https://shop.icrc.org/twelve-issues-for-2022-what-states-can-do-to-improve-respect-for-international-humanitarian-law-pdf-en.html.

146 Office of the United Nations High Commissioner for Human Rights (OHCHR), Position of the United Nations Special Rapporteur on the promotion and protection of human rights and fundamental freedoms while countering terrorism on the human rights of adolescents/juveniles being detained in North-East Syria", May 2021, p.6: https://www.ohchr.org/sites/default/files/Documents/Issues/Terrorism/SR/UNSRCT_Position_human-rights-of-boys-adolescents-2021_final.pdf.

147 UNICEF and Save the Children, *Paris Principles Operational Handbook*, 2022: https://www.unicef.org/documents/paris-principles-operational-handbook.

148 Alliance for Child Protection in Humanitarian Action, *Technical Note: Girls Associated with Armed Forces and Armed Groups: Lessons Learnt and Good Practices on Prevention of Recruitment and Use, Release and Reintegration*, 2020: https://alliancecpha.org/en/GAAFAG.

3.5.4   DETENTION

In countries experiencing urban warfare, children are detained for various reasons, before the armed conflict or after it began. They might be detained because they are suspected of having committed a crime or because they did commit one. They might also be detained for other reasons, related or unrelated to the armed conflict.[149] They might be in administrative detention for various reasons, such as screening, their own protection or rehabilitation, and/or to prevent them from participating in conflict.[150] They might be detained not for anything they have done, but because they are with a detained parent on whom they depend. Those detaining them might be state officials, or non-state armed groups,[151] and they may be held in official places of detention or in other locations where the restrictions on their movement are so stringent as to amount to deprivation of liberty.

In situations of urban warfare – such as air strikes and shifting front lines – all detainees, including children, are exposed to physical and mental harm owing to their inability to physically protect themselves (for example, they cannot choose to flee to bunkers or basements) and their ignorance of the fate of their loved ones. Urban warfare may also reduce the numbers of penitentiary staff, disrupt legal processes, cause the closure of courts and, in the event of physical damage, destroy key court or prison documents and facilities. Children are thus potentially at risk of losing access to fair judicial proceedings, including timely release. They are at risk also from the harm caused by overcrowding and limited access to fresh air and educational and recreational activities.[152] Urban warfare may also disrupt supply chains for essential services at places of detention, causing shortages of water and food and leading to malnutrition and/or absence of health services; this can, directly and swiftly, affect children's health, well-being and development. Families may no longer be able to travel to visit their children in detention and children may lose contact with loved ones and/or go without essential, family-provided assistance.
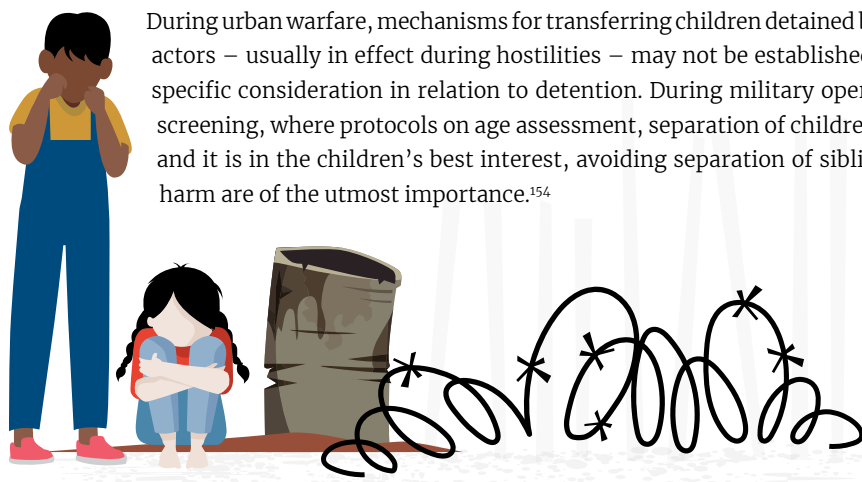
During urban warfare, mechanisms for transferring children detained by armed actors to appropriate civilian actors – usually in effect during hostilities – may not be established or implemented.[153] Children require specific consideration in relation to detention. During military operations this includes such matters as screening, where protocols on age assessment, separation of children from adults, unless they are related and it is in the children's best interest, avoiding separation of siblings and prevention of gender-based harm are of the utmost importance.[154]

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149 United Nations General Assembly, *Global Study on Children Deprived of Liberty*, United Nations, New York, 2019: https://www.ohchr.org/en/treaty-bodies/crc/united-nations-global-study-children-deprived-liberty.

150 For more information on administrative detention – also referred to as 'internment' – under IHL, see ICRC, *Commentary on the Third Geneva Convention*, ICRC, Geneva, 2020, Commentary on Common Article 3, paras 754–765.

151 ICRC, *Detention by Non-State Armed Groups: Obligations Under International Humanitarian Law and Examples of How to Implement Them*, ICRC, Geneva, 2023 (see Rule 6 on children): https://shop.icrc.org/detention-by-non-state-armed-groups-obligations-under-international-humanitarian-law-and-examples-of-how-to-implement-them-pdf-en.html.

152 UNICEF, *Cape Town Principles and Best Practices*, adopted at the symposium on the prevention of recruitment of children into the armed forces and on demobilization and social reintegration of child soldiers in Africa, 27–30 April 1997: https://nepal.ohchr.org/en/resources/Documents/English/children/Cape_Town_Principles(1).pdf; see also Rules 38 and 47 of United Nations General Assembly, *United Nations Rules for the Protection of Juveniles Deprived of their Liberty*, adopted by General Assembly Resolution 45/113 of 14 December 1990: https://juvenilejusticecentre.org/wp-content/uploads/2018/08/UNGA-United-Nations-Rules-for-the-Protection-of-Juveniles-Deprived-of-their-Liberty.pdf.

153 See the section on recommendations in Watchlist on Children and Armed Conflict and Human Rights Watch, *Military Detention of Children in Armed Conflict: The Role of Handover Protocols in Protecting Children's Rights*, Watchlist, New York.

154 See pages 59 to 63 of ICRC, *Reducing Civilian Harm in Urban Warfare: A Commander's Handbook*, ICRC, Geneva, 2021: https://shop.icrc.org/reducing-civilian-harm-in-urban-warfare-a-commander-s-handbook-html.html.

3.6 DATA ON CHILDREN IN URBAN WARFARE

Data collection and generation of evidence are vitally important steps towards understanding the impact of urban warfare on children.

Data on the civilian population can help militaries take decisions on the protection of civilians, including in connection with compliance with related IHL obligations. Accurate and unambiguous data helps militaries to avoid or at least minimize civilian harm. In 2022, the Political Declaration on Strengthening the Protection of Civilians from the Humanitarian Consequences arising from the use of Explosive Weapons in Populated Areas[155] specifically called on states to "[c]ollect, share, and make publicly available disaggregated data on the direct and indirect effects on civilians and civilian objects of military operations involving the use of explosive weapons in populated areas, where feasible and appropriate".[156] Data on patterns of life among civilians, including children, can be used to good effect in planning a given operation, including for assessments of incidental harm. Understanding how an attack can cause civilian casualties can also be of use in tactical, strategic, and operational planning in the future.

Unfortunately, collection of data on children in connection with urban warfare is inconsistent, even though children make up a large proportion of the population affected.[157] Prevalence figures concerning the impact of urban warfare on children are in short supply, partly because of the absence of data collection, but also because of the lack of disaggregation on the basis of defining characteristics such as age and sex.[158] [159]

Lack of data disaggregation by sex is alarming, and especially consequential for children. There is a common trend to report children as 'genderless'. This lack of data disaggregated by sex is a barrier to analysis for more effective planning and response. It also impedes fuller understanding of intersectional realities, such as whether children with disabilities have gender-distinct experiences. For example, research on blast injuries among children has shown that a lack of data disaggregated by sex has prevented a deeper understanding of gender-specific consequences.[160]

When there is partial data, it is important to be mindful of the gaps and of how some groups of children may not be accounted for in the data available. With a few exceptions, the perspective of children[161] themselves is notably absent from the evidence-generating activities of all actors, partly because of the complexity of ensuring safe, supported and meaningful consultations in such environments. Failure to create a full picture of children's experience risks pushing experiences influenced by age, disability, gender and other defining characteristics of urban warfare further out of sight.[162]

155 Dublin Conference 2022, Political Declaration on Strengthening the Protection of Civilians from the Humanitarian Consequences arising from the use of Explosive Weapons in Populated Areas: https://www.dfa.ie/media/dfa/ourrolepolicies/peaceandsecurity/ewipa/EWIPA-Political-Declaration-Final-Rev-25052022.pdf.

156 Dublin Conference 2022, *Political Declaration*. The ICRC's position is that the use of explosive weapons with a wide impact area should be avoided in populated areas, owing to the significant likelihood of indiscriminate effects and despite the absence of an express legal prohibition against specific types of explosive weapons. Such an avoidance policy means that explosive weapons with a wide impact area should not be used in populated areas unless sufficient mitigation measures can be taken to reduce such risk, namely by limiting the weapons' wide area effects and the consequent risk of civilian harm.

157 Dublin Conference 2022, *Political Declaration*, para. 1.3.

158 UNICEF, *25 Years of Children and Armed Conflict: Taking Action to Protect Children in War*.

159 Anna Alvazzi del Frate, Gergely Hideg, and Emile LeBrun, *Gender Counts: Assessing Global Armed Violence Datasets for Gender Relevance*, Small Arms Survey, Geneva, 2020: http://www.jstor.org/stable/resrep24757.

160 Hargrave, *The Impact of Blast Injury on Children: A Literature Review*.

161 A child who is capable of forming his or her own views has the right to express those views freely in all matters affecting them, the views of the child being given due weight in accordance with the age and maturity of that child. See Art. 12(1) of the Convention on the Rights of the Child.

162 Denselow, Salarkia, and Edwards, *Blast Injuries: The Impact of Explosive Weapons on Children in Conflict*.

Knowledge of the composition of the civilian population, their location and experiences, and the related needs is essential for effective and inclusive humanitarian action. The findings of reports that document and explain why and how children are affected differently by attacks can be used to inform the humanitarian activities, and health and child-specific services, put in place in urban warfare situations.

Without good data it is hard for states and humanitarian actors to plan an effective and impartial response and for military commanders to assess expected civilian harm, including harm to children and objects of critical importance to them such as schools and paediatric facilities.

4. RECOMMENDATIONS FOR ACTION

This report has drawn attention to the fact that the children in civilian populations are particularly vulnerable to the impact of urban warfare and face a broad range of risks that are specific to them. This section provides states, armed actors and humanitarian organizations with recommendations for protecting children during urban warfare and responding more effectively to their needs. We ask that all actors consider the diverse needs of girls and boys, and the risks that they face, when making plans, conducting analyses and taking decisions that affect children's lives in urban settings affected by conflict.[163]

RECOMMENDATIONS FOR STATES

Legal and policy frameworks: States should put in place robust domestic legal frameworks to protect children in armed conflict – in accordance with their international legal obligations, as applicable – and consider endorsing and implementing higher standards as a matter of policy. They should:

- accede, if they have not already done so, to the **treaties affording greater protection for children from recruitment and use in hostilities**, and take national measures adapted to their legal systems to **implement those treaties.**[164] These treaties include the following:
  - the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict
  - the ILO's Convention No. 182 (Worst Forms of Child Labour Convention)
  - the Rome Statute of the International Criminal Court
  - pertinent regional instruments, notably the African Charter on the Rights and Welfare of the Child and the Ibero-American Convention on the Rights of Youth.
- endorse, and take steps to implement, the **Paris Commitments to Protect Children from Unlawful Recruitment or Use by Armed Forces or Armed Groups** and the accompanying Paris Principles and Guidelines on Children Associated with Armed Forces or Armed Groups.[165]
- endorse, and take steps to implement, the **Safe Schools Declaration** and the accompanying Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict.[166]
- together with all parties to armed conflict, should **avoid the use of explosive weapons with a wide impact area in populated areas**, due to the significant likelihood of indiscriminate effects ("avoidance policy").[167] States should endorse, and take steps to implement, the **Political Declaration on Strengthening the Protection of Civilians from the Humanitarian Consequences arising from the use of Explosive Weapons in Populated Areas**.[168]

163 Council of Delegates of the International Red Cross and Red Crescent Movement, Resolution 6: War in Cities: https://rcrcconference.org/app/uploads/2022/06/CD22-R06-War-in-cities_22-June-2022_FINAL_EN.pdf.

164 The ICRC has developed guiding principles to support states in implementing a system of protection for children recruited by armed forces or armed groups, in accordance with their respective treaty obligations. See ICRC, "Guiding principles for the domestic implementation of a comprehensive system of protection for children associated with armed forces or armed groups: Factsheet", ICRC, Geneva, 2011: www.icrc.org/en/document/domestic-implementation-comprehensive-system-protection-children-associated-armed-forces-or.

165 For an overview of the Paris Principles and Commitments on Children Associated with Armed Forces and Armed Groups, see: Inter-Agency Paris Principles Steering Group, *Paris Principles and Commitments on Children Associated with Armed Forces or Armed Groups: Frequently Asked Questions*, UNICEF, 2021: www.unicef.org/documents/frequently-asked-questions-paris-principles-and-commitments-children-associated-armed.

166 More information on the Safe Schools Declaration and Guidelines is available at: https://ssd.protectingeducation.org/.

167 ICRC, *Explosive Weapons With Wide Area Effects: A Deadly Choice in Populated Areas.*

168 For further details on the Political Declaration made at the Dublin Conference in 2022, see: Protecting Civilians in Urban Warfare - Department of Foreign Affairs (dfa.ie).

Preparedness: relevant ministries and public entities should develop and implement plans to protect children, and reduce the risks to their safety, in the event of hostilities.

Plans should address risk communication and community engagement, focusing on:
- developing and providing safety and self-protection messages for the general population, including messages adapted to children of different ages and children with disabilities, and messages in different languages.
- designing activities with children and families to disseminate safety messages and encourage risk avoidance, including messages on mine risks and messages explaining the threats in urban settings posed by damaged infrastructure, booby traps, loose electrical wires, etc.
- providing instruction in first aid for children and adults.

Practical preparedness measures for communities, families and children should be incorporated in these plans, especially in the two areas listed below:

Safety and security
- Identify shelters to use if needed and adapt them for children's use. Give children and their families clear instructions for what to do and where to go in the event of blasts, including instructions for when children are not at home.
- Cover windows – in schools, child-care facilities and institutional-care settings for children, such as orphanages – with 3M blast-mitigation film.
- Carry out practice drills for evacuations, or self-protection actions in schools, child-care facilities and other institutions.
- Urge households to stock up on essential goods and supplies (water, food, medicine, nappies, milk powder, etc.) if urban warfare appears to be imminent.

Respect for family unity, prevention of family separation and facilitation of family reunification:
- Work with schools, families and social-welfare services for children to design and share child-friendly messages for use when talking to children about what to do in the event of the outbreak of hostilities – in order to prevent family separation and facilitate family reunification.[169]
- Ensure effective measures to prevent people from going missing, and to clarify the fate and whereabouts[170] of people who do go missing.[171]

Evacuations: Establish protocols for evacuations that take children's needs into account and that comply with applicable legal requirements.[172] All evacuation plans must contain measures to maintain family unity, including keeping children together with their siblings and parents/caregivers. Important elements of evacuations include:
- preventing family separation during evacuations by ensuring that children are in the same vehicle as their parents and siblings; not separating civilians by gender during evacuations; providing children

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169 Depending on the context, this includes but is not limited to helping children memorize personal information, including phone numbers, and designating meeting points in the event of separation.

170 Attention should be paid to the presence of dead children among those who are missing or have been recovered from mass graves. To identify children as victims of urban warfare is to provide a more complete and accurate account of the effects of urban warfare.

171 States should ensure that the families of missing people are given help to meet their legal, administrative, economic, psychological and psychosocial needs. They should give particularly close attention to the interests of children (e.g. in situations where there is no one – neither a parent nor other caregiver – to replace the person who has been declared missing). This can include providing sufficient information to families on their rights and the benefits to which they are entitled, on laws, policies and procedures pertinent to them, for instance, on legal mechanisms or processes for ascertaining the fate and whereabouts of missing persons; supporting families in searching for their missing relatives, which includes informing of developments in the search for their relatives; providing families with the necessary information and assistance during the recovery and identification of human remains; issuing certificates of absence; and giving families financial assistance when necessary and helping them to obtain social benefits. Information should be shared with children in an age-appropriate and respectful manner.

172 For example, Art. 78 of AP I and Art. 4(3)(e) of AP II contain legal requirements for lawful evacuations of children.

and families with hard copies of documents; and ensuring that there is a case-management or handover process in place for unaccompanied minors and children from institutions and/or alternative care arrangements, for internally displaced children and children evacuated across borders, as well as others.
- providing essential items, such as food, water, prescriptions or medicine, nappies and/or milk powder when required, and access to a mobile phone whenever possible for children's caregivers.
- paying particular attention to ensure that children in detention, children with disabilities, unaccompanied children, child-headed households and children in institutional or other alternative care arrangements are included in evacuations.

Health: The health ministry should ensure that policies, plans and resources are in place to ensure continuity of services and care for children in the event of hostilities. Measures to be taken include:
- ensuring that health services for children have the necessary supplies to continue functioning, should supply lines be disrupted, and stocking up on certain supplies in preparation for physical injuries to children in relation to urban warfare, including sexual violence (for instance, increasing orders of paediatric doses of medicine for post-rape kits).
- training staff in triage and in responding to paediatric injuries caused by urban warfare (which increases the risk to children of burn and blast injuries[173]).
- establishing distance-support mechanisms for doctors and other hospital staff requiring additional technical support.
- providing medical screening and health care for harder-to-reach children – including child-headed households, unaccompanied and separated children, children living on the street, and children with disabilities in institutions and other alternative care – as health facilities may not be directly accessible to them.
- continuing to run physical rehabilitation programmes for children[174] during urban warfare. It may not be possible to refer children wounded during urban warfare to appropriate services; if that is the case, the highest level of available generalist and specialist care should be made available. Orthoses and protheses must also be made available to displaced people.
- prioritizing – in the aftermath of urban warfare – provision of access to good-quality paediatric services in the medium and long terms, including for survivors of sexual violence and for those who may have been wounded or injured or are now living with a disability.
- establishing catch-up vaccination programmes for children who may have missed their immunization.
- acknowledging the mental-health and psychosocial needs – arising from armed conflict – of children and their families and implementing suitable programmes, including investment in professionals in the area of mental health and psychosocial support and proactively seeking to address the stigma associated with the use of mental health services.

Education: The education ministry should ensure that policies, plans and resources are in place for emergency education, including at places of detention. It should:
- develop curricula for remote learning – online and via radio and television – and distribute learning materials where possible.
- organize temporary learning spaces in areas not affected by conflict or distance learning with limited in-person follow-up for those who can attend periodically.
- develop information suitable for children on risk awareness and safe practices in relation to urban warfare and include this in distance or online learning.
- recognize the limitations of remote programming and identify which children cannot be reached through these methods. Develop in-person follow-up programmes as required.
- ensure safe and secure record keeping so that children have access to their certificates and records of achievements if displaced.

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173 Generalist training can be supported by the ICRC's *War Surgery Manual and by the Paediatric Blast Injury Field Manual*, jointly prepared by Save the Children and Imperial College London, which provides medically trained people with technical guidance in adapting their medical expertise to tackle each phase of the treatment of children with blast injuries.
174 Because they are still growing, many children will have to go to physical rehabilitation centres regularly for new prosthetics.

- incorporate broad mental health and psychosocial support for children and their families in existing programmes at schools and other educational facilities.

In the aftermath of urban warfare states should prioritize access to education, in order to ensure children's safety, protection, development and well-being. Measures to put this into practice include:
- rebuilding or rehabilitating schools, including temporary learning spaces and ensuring provision of education in places of detention
- ensuring that safe spaces for a broad range of recreational activities (sporting, cultural, etc.) for children are incorporated in plans for reconstruction
- addressing financial barriers to education by providing teaching, learning and recreational materials and incentives to households to encourage children to return to schools
- addressing the needs of children with disabilities to ensure accessibility, particularly for children with disabilities in marginalized groups such as children associated with armed forces or child-headed households
- reopening child-care facilities and early-childhood development centres as soon as possible
- developing guidance and policies for children to catch up and take exams and get the certificates necessary to further their education and take advantage of opportunities that might come their way
- implementing broad mental health and psychosocial support for children and their families
- exploring, when necessary, innovative means of continuing programmes of education (online, app-based, via radio or television, etc.) while children are at home or displaced.

Detention: Laws, procedures and bodies should be put in place to reduce the number of children deprived of liberty in order to reduce their exposure to risk during urban warfare.

During emergencies, the number of children who have been detained can be reduced through a rapid, ideally joint, review of cases by the relevant bodies and by releasing as many children (including those accompanying detained parents) as possible, using the legal and administrative procedures and institutions available.[175] In the case of children associated with armed forces and armed groups who have been captured, handover protocols are encouraged and have been adopted in a number of contexts.[176]

Actions that states can take in this regard include:
- putting in place laws, procedures and bodies or institutions that will facilitate efforts to rapidly minimize, during emergencies, the number of children deprived of their liberty
- activating emergency mechanisms to enable rapid reviews of detained children's cases, with a view to releasing the children wherever it is safe and appropriate to do so
- promoting the use of handover protocols for children associated with armed forces and armed groups who have been detained within the context of urban warfare, to facilitate their safe and timely handover to civilian child protection actors.[177]

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175 This has been shown to work in emergencies: UNICEF estimates that over 45,000 children were released from detention during the COVID-19 pandemic, because of good preparedness measures, among other reasons. See UNICEF, *Detention of Children in the Time of COVID-19*, UNICEF, New York, 2021: https://www.unicef.org/documents/detention-children-time-covid.

176 See Watchlist on Children and Armed Conflict, *A Path to Reintegration: The Role of Handover Protocols in Protecting the Rights of Children Formerly Associated with Armed Forces or Armed Groups*, Watchlist, New York, 2020: https://watchlist.org/publications/a-path-to-reintegration-the-role-of-handover-protocols-in-protecting-the-rights-of-children/.

177 See Watchlist on Children and Armed Conflict, *A Path to Reintegration*.

RECOMMENDATIONS FOR WEAPON BEARERS

Commanders are directly responsible for the behaviour of the combatants and fighters under their control; this includes responsibility for ensuring respect for the law of armed conflict (LOAC) in all circumstances.

Commanders should:
- ensure that all those under their command fully understand their intention to protect civilians
- continually remind all subordinates of their obligations to prevent and reduce civilian harm, and also explain that this will require attention to how women, men, girls and boys are impacted differently by urban warfare
- review all plans, orders and directives prior to operations that might cause civilian harm
- when operations cause civilian harm, intervene and order the immediate cessation of the activity causing that harm
- establish ways to receive complaints and investigate allegations of civilian harm
- ensure that a system of sanctions exists that is itself lawful and well understood by subordinates.

The following recommendations to reduce harm to children in urban warfare are considered within the contexts of 'doctrine', 'training', 'planning' and 'conduct', to reflect the recommendations contained in the ICRC handbook titled Reducing Civilian Harm in Urban Warfare: A Commander's Handbook.

1.   ENSURE THAT THE PROTECTION OF CHILDREN IS SPECIFICALLY ADDRESSED IN URBAN WARFARE DOCTRINE

Urban warfare doctrine should emphasize protection of civilians as a key element of urban operations, weighted alongside mission accomplishment and force protection and at all times framed within the limits of the LOAC and specific legal protections for children.

Doctrine should:
- clearly articulate, from the strategic to the tactical level, the priority given to protecting civilians across all types of operation
- integrate IHL – expressly including its obligations regarding the special respect and care owed to children – and should remind commanders, combatants and fighters at all levels of their responsibility to ensure that civilians are protected from harm
- identify options for conducting operations in urban areas in a manner that best protects civilians and civilian infrastructure, specifically including places used by children
- emphasize how children are fundamentally different from adults – biologically and psychologically, and in their social interaction – and how this means that they will be affected differently by urban warfare and face different and potentially preventable risks in any urban warfare context
- expressly identify the specific legal protections for children, including the obligation to afford them special respect and care when they are captured – as well as at all other times – and the prohibition against unlawfully recruiting children into armed forces or armed groups
- explain how commanders and subordinates should be prepared to interact with children in urban settings
- reflect, as a standard operating procedure, the rapid handover of captured children to relevant civilian child protection actors, in agreement with those actors.[178]

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178 UN Security Council Resolution 2427 (of 2018), para. 19; Watchlist on Children and Armed Conflict and the Alliance for Child Protection in Humanitarian Action, *Operational Guidance on Negotiating and Implementing Handover Protocols for the Transfer of Children Associated with Armed Forces and Armed Groups*, Watchlist, New York, 2022: https://reliefweb. int/report/world/operational-guidance-negotiating-and-implementing-handover-protocols-transfer-children-associated-armed-forces-and-armed-groups-march-2022.

2. INCORPORATE AWARENESS OF CHILDREN'S VULNERABILITIES, DURING URBAN WARFARE, IN MILITARY TRAINING

Specific and realistic training is necessary before urban military operations. Such training should emphasize the practical application of IHL, by all commanders, and should include:

- scenarios that reflect not only the operational setting and likely conduct of an adversary (including how it may create risks for civilians), but should also realistically simulate the presence of civilians – meaning, including children – and their activities, actions and reactions.
- measures to increase awareness of the risks faced by children during conflict in urban areas, and should involve rehearsing how to approach children in order to reduce those risks. Such training should also involve role players where possible and include discussion of where and when children are likely to be most exposed to risk.

3. ENSURE THAT THE URBAN WARFARE PLANNING TEAM CONSIDERS THE SPECIFIC SITUATION OF CHILDREN WHEN REVIEWING OPTIONS FOR AVOIDING AND/OR MITIGATING HARM TO CIVILIANS

The urban warfare planning team should carry out a detailed assessment of the civilian environment, including critical civilian infrastructure, and prioritize options for avoiding and/or mitigating harm to civilians and civilian objects.

Planners should:

- prioritize the civilian dimension in the planning process and identify options for reducing civilian harm and damage to infrastructure (this priority should be made clear by the commander).
- include advisers with child protection expertise in the planning team. These may be child protection advisers or others such as 'human security' advisers, when they are available. Contributions from child-protection actors, such as UNICEF or domestic child protection authorities could also inform the planning process when feasible and relevant.
- consider factors affecting protection for civilians, including demographic features, location, population density, risks faced by civilians, vulnerable and/or particularly-at-risk groups, patterns of life, the humanitarian situation and expected civilian movements.
- conduct a context-specific analysis of the civilian population during the planning phase. This should then be developed further in civilian patterns of life (PoL) analysis that reflect age, gender and disability, in order to more fully understand when children are likely to be most vulnerable and to devise suitable precautionary measures to address such vulnerabilities. These analyses should reflect activities specific to children, such as going to and from school, and health or care facilities; working on the street; playing outside; or engaged in domestic tasks such as shopping or fetching water or fuel for the family from specific places.
- while conducting factor analysis during planning, identify and map critical civilian infrastructure and spaces that are specific to children, as well as objects and services essential for the survival of the entire civilian population, such as water and sanitation systems. Mapping should, as far as possible, include medical facilities that provide services for children, detention centres where children are held, and facilities where children are educated, live or are cared for – including schools and other institutions and child-care facilities. Such information should then be factored into the decision-making process.
- establish a means of communicating with civilians and/or their appointed representatives or focal points, in order both to fulfil legal obligations and provide routine information as required.
- put in place the procedures and agreements necessary to hand over any children who may be captured during operations to civilian child protection actors.
- pay particular attention to the vulnerability of children during specific operations, such as evacuations, and while planning security screening of populations leaving an urban area.[179]

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179 Guidance is provided in the annexes to the chapter on planning in the ICRC's Reducing Civilian Harm in Urban Warfare: A Commander's Handbook.

4. DURING THE CONDUCT OF URBAN OPERATIONS AND IN THEIR IMMEDIATE AFTERMATH, FORCES MUST ALWAYS ACT IN ACCORDANCE WITH IHL, AND MUST GIVE PREFERENCE TO MEANS AND METHODS THAT AVOID AND, IF THAT IS NOT POSSIBLE, MITIGATE CIVILIAN HARM

To this end – and following the guidance in the ICRC's Handbook on reducing civilian harm in urban warfare – commanders should:
- design operations to avoid urban combat and/or engage in dialogue with opponents to discuss a safe civilian evacuation plan
- take all feasible precautions to protect the civilian population and civilian objects from harm, including issuing effective warnings, supporting evacuations that factor in civilian needs based on age, gender and disability, and rigorously following screening procedures, including procedures that pertain to children
- ensure that, when conducting operations, all commanders, combatants and fighters recognize, reflect on and respond to the specific threats to children, such as sexual violence and child recruitment
- pursuant to clear protocols, transfer children detained during operations to relevant civilian actors
- ensure that a mechanism for tracking civilian casualties is designed and implemented, and includes and accurately reflects demographic details including age and gender
- ensure that battle damage assessment (BDA) procedures are in place and followed rigorously as they reflect injuries and deaths of children, and damage to civilian objects used by children, caused by specific actions in a given urban setting. Make sure that there is a lessons-learned feedback loop to reduce such harm as far as possible in subsequent actions.

RECOMMENDATIONS FOR HUMANITARIAN ACTORS

To prevent, reduce and respond to harm to children during and in the aftermath of urban warfare, and in line with existing guidance for working with children in emergencies,[180] humanitarian actors should develop a fuller understanding of the specific risks to children in the conduct of hostilities in urban areas.

As part of the immediate humanitarian response – and also as part of direct service provision for children and their families and caregivers – humanitarian actors should:
- map the location of displaced children and patterns of children's movement in and around a given city, including children who are no longer in areas directly affected by active conflict.[181]
- ensure that child protection concerns and the applicable legal frameworks are identified and understood by all actors in the context and directly inform programme design.[182]
- establish referral pathways to service provision for children and their families, and publicize their availability as widely as possible.
- incorporate children's voices in the development of programming strategy, wherever possible. Gathering children's views and concerns before the outbreak of hostilities, and/or before they are displaced, will prevent the mounting of an incomplete, and only partially effective, response to their needs in relation to urban warfare.
- embed services to restore family links – including referrals of cases to the Movement's Family Links Network as required – in places receiving adults and children who are injured, sick,[183] were detained,

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180 Guidance and standards include but are not limited to the Child Protection Minimum Standards, the UASC handbook, the Professional Standards for Protection Work and the UN alternative care guidelines: https://alliancecpha.org/en/CPMS_home; https://alliancecpha.org/en/technical-materials/field-handbook-unaccompanied-and-separated-children; https://shop.icrc.org/professional-standards-for-protection-work-print-en.html; https://www.icrc.org/en/data-protection-humanitarian-action-handbook; https://resourcecentre.savethechildren.net/document/united-nations-guidelines-alternative-care-children/.

181 Attention should be paid not only to the places to which children and other civilians are being channelled, but also to all those areas frequented by children. Understanding the patterns of children's movement in a given city is vital.

182 For example, with regard to the detention of children, or in connection with the legal frameworks for guardianship or parental consent, which could be of pertinence during an evacuation.

183 This should include child patients who should be able to inform their families as quickly as possible of their whereabouts or should be reachable by family members who want to tell the children where they are.

or have been evacuated or displaced, to ensure that contact is rapidly restored between separated family members and that those who are missing are located quickly, wherever possible.

- ensure that tracing services are widely available, to ensure that missing children are found, and unaccompanied and separated children can restore contact with their families.
- ensure that, within the provision of services for children, particularly in care arrangements for unaccompanied and separated children,[184] rigorous policies for preventing sexual exploitation and abuse, and safeguarding policies, practices and procedures for protecting children, are established and monitored.
- set up child-friendly spaces for children of all ages, so that they have safe and appropriate environments in which to meet, play and receive information, and where their needs can be identified, with appropriate referral pathways in place for a response.
- strive to ensure that children affected by urban warfare, and their families, have access to appropriate services, including psychosocial and mental-health support, within the emergency response and aftermath of urban warfare.

ADDITIONAL RECOMMENDATIONS FOR ALL ACTORS

MEDIA DEPICTIONS OF CHILDREN

Protect and respect children and their identities through **appropriate portrayals in the media**. Avoid public exposure[185] when it is not in the best interests of the child and ensure that, in any encounter with the media, children are given dignified treatment.

HUMANITARIAN AND DEVELOPMENT FUNDING

Ensure that the impact of armed conflict on children – including urban warfare – is factored into decisions relating to humanitarian and development funding.

DATA

Ensure that disaggregated data is systematically collected during urban warfare, in order to assess and mitigate the impact of such warfare on children. This data should include information on casualties and injuries among children; on separated, unaccompanied and displaced children; and on the destruction of infrastructure and disruption of services of critical importance to children and their families, notably health, education and social services.[186]

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184 Unaccompanied and separated children, who are already vulnerable, must be protected from physical harm, and from harm online, in the places where they are being taken care of while the search for their families gets under way.

185 Public exposure can put children at risk, for instance, when information on their location or identity facilitates targeting for exploitation and abuse. Online images of children – captured at some of the worst moments of their lives – may be publicly available indefinitely, with unforeseeable consequences for the children's future.

186 More research – by militaries, states and humanitarian and other actors – is needed if we are to reach a fuller understanding of the impact of urban warfare – for instance, the conduct of hostilities – on children. But we also need to know a great deal more than that, such as the impact on children's access to essential services – for instance, health care, education – and the medium- and long-term consequences of urban warfare for children and their families. Action-oriented research can look carefully at how remote methods can be used during and after a conflict to ensure continuity of education, mental health and psychosocial support, and individual follow-up for children, including those separated from their families. Long-term follow-up of child survivors of urban warfare can be of help in mounting responses in other settings.

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