



United Nations

THE IMPACT OF ARMED CONFLICT ON CHILD DEVELOPMENT

Selected highlights of the Report of Graça Machel, expert of the Secretary-General of the United Nations

*"Even if they have never seen a gun, millions of children suffer from wars, as resources that could have been invested in development are diverted into armaments. Indeed, one of the most distressing realities of our time is that most wars have been fought in precisely those countries that could least afford them." **State of the World's Children**, United Nations Children's Fund (UNICEF), 1996.*

The wounds inflicted by armed conflict on children - physical injury, gender-based violence, psychosocial distress, are affronts to every impulse that inspired the United Nations Convention on the Rights of the Child. Armed conflict affects all aspects of child development - physical, mental and emotional. Such effects accumulate and interact with each other. To be effective, assistance must take account of each. The impact of armed conflict cannot be fully understood without looking at the related effects on women, families and the community support systems that provide protection and a secure environment for development. Children's well-being is best ensured through family and community-based solutions that draw on local culture and an understanding of child development.

The disruption of food supplies, the destruction of crops and agricultural infrastructures, the disintegration of families and communities, the displacement of populations and the destruction of educational and health services and of water and sanitation systems, all take a heavy toll on children. Article 39 of the Convention on the Rights of the Child states that "States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child." Ensuring that health and nutrition, psychosocial well-being and education are priority components of humanitarian assistance is the best way to ensure children's physical and psychological recovery and social reintegration.

HEALTH AND NUTRITION

Armed conflict is a major public health hazard that cannot be ignored. Any disease that caused as much large-scale damage to children would long ago have attracted the urgent attention of public health specialists. When armed conflict kills and maims more children than soldiers, the health sector has a special obligation to speak out.

Thousands of children are killed every year as a direct result of fighting - from knife wounds, bullets, bombs and landmines, but many more die from malnutrition and disease caused or increased by armed conflicts. In Mozambique alone, between 1981 and 1988, armed conflict was the cause underlying 454,000 child deaths. Many of today's armed conflicts take place in some of the world's poorest countries, where children are already vulnerable.

Children are the most vulnerable to collective assaults on health and well-being. At the height of the conflict in Somalia, more than half the deaths of children in some places were caused by measles. Diarrhoea is another common and often deadly disease. Cholera is a constant threat as exemplified in refugee camps in Bangladesh, Kenya, Malawi, Nepal, Somalia and Zaire. The World Health Organization (WHO) estimates that half the world's refugees may be infected with tuberculosis, as crowded conditions in refugee camps provide a breeding ground for infections. Malaria and acute respiratory infections, including pneumonia, also claim many lives.

Disrupted health services and food supplies

In most wars, health facilities come under attack, in direct violation of international humanitarian law. Those facilities that remain open during a conflict are often looted or forced to close down, and the remainder are sometimes difficult to reach because of curfews. Restrictions on travel also hamper the distribution of drugs and other medical supplies, causing health systems' referral services and logistic support to break down. Many of the health services of a country are diverted to the needs of military casualties. Hospitals are forced to neglect the regular care of patients or to shift them to health centres. A concentration on military needs also means that children injured in a conflict may not get effective treatment or rehabilitation. Children living with disabilities get little, if any, support. For children, a dangerous implication of the breakdown of a country's health facilities during conflicts is the disruption of vaccination programmes.

Children as "zones of peace"

Claiming children as "zones of peace" has become an important concept of humanitarian relief programmes. Commitment to this principle by all warring parties has taken various forms. In El Salvador, beginning in 1985, Government and rebel forces agreed to three "days of tranquillity" during which 250,000 children were immunized against polio, measles, diphtheria and other diseases, a process that was repeated annually for six years until the end of the civil war. In Afghanistan in 1988-1989, health teams were permitted to operate in both Government and rebel-held areas, raising vaccination levels in some areas above 80 per cent. In the case of

Operation Lifeline Sudan, arrangements were made for "corridors of peace" so that relief supplies and vaccines could be delivered during relative lulls in the conflict.

One of the most immediate effects of armed conflict is the disruption of food supplies. Farmers, who are often women and older children, become fearful of working on plots of land too far from their homes. They reduce the area under cultivation, and their water sources, systems of irrigation and flood control may also be destroyed. Restrictions on movement limit access to such necessities as seeds and fertilizers and stop farmers from taking their produce to market. Most households in developing countries, including many farm households, rely on market purchases to meet their food needs. Economic disarray heightens unemployment, reducing people's ability to buy food.

Sometimes, damage to food systems is deliberate. For example, in the early 1980s in Ethiopia, the Government's scorched earth policies destroyed hundreds of thousands of acres of food-producing land. In many countries, landmines prevent the use of agricultural land. In contravention of international law, warring parties may block relief supplies or divert them for their own use. Feeding centres for children and vulnerable groups are frequently bombed or attacked.

Warfare also takes its toll on livestock. This creates particular problems for young children who rely on milk as part of their basic diet. In the Kongor area of Sudan, the massacre of cattle reduced livestock from around 1.5 million to 50,000.

Malnutrition and the importance of breastfeeding

Adequate nourishment depends on the way food is distributed, the way children are fed, hygiene and the time parents have available to care for children. Malnutrition can affect all children, but it causes the greatest mortality and morbidity among young children, especially those under three years of age. Breastfeeding provides ideal nutrition for infants, reduces the incidence and severity of infectious diseases and contributes to women's health.

During conflicts, mothers may experience hunger, exhaustion and distress that can make them less able to care for their children. Breastfeeding may be endangered by the mother's loss of confidence in her ability to produce milk. The general disruption in routine can separate mothers from their children for long periods. As conflicts proceed, social structures and networks break down. Knowledge about breastfeeding is passed from one generation to the next, and this can be lost when people flee and families are broken up. Yet artificial feeding, risky at all times, is even more dangerous in unsettled circumstances. Unless mothers are severely malnourished, they can breastfeed adequately despite severe stress. In times of armed conflict, it is important to support women's capacity to breastfeed by providing adequate dietary intake for lactating women and ensuring that they are not separated from their children.

Reproductive health

The effects of armed conflicts - the fragmenting of family and community, rapid social change, the breakdown of support systems, increased sexual exploitation and

rape, malnutrition, and inadequate health services, including poor ante-natal care -- make it imperative that reproductive health care be given high priority. Health education, care and counselling are especially important for women and girls who have been raped or who have been forced into prostitution. The potential for the spread of sexually transmitted diseases, including HIV/AIDS, increases dramatically during conflicts. The breakdown of health services, and blood transfusion services lacking the ability to screen for HIV/AIDS, contribute to the increase in transmission.

In war-affected populations, gynaecological and paediatric health services are often unavailable. An obstacle to the full use of health services in emergencies is that they are often dominated by men, whether expatriate or from the host country. As a result, many women and girls, for cultural or religious reasons, underutilize the services despite risks to their health. One way to overcome this obstacle is to increase the numbers of available female health and protection professionals.

Some recommendations for action

- Parties to a conflict should be obliged to maintain basic health systems and services and water supplies.
- Special attention should be paid to primary health care and the care of children with chronic or acute conditions. Adequate rehabilitative care, such as the provision of artificial limbs for injured or permanently disabled children, should be ensured to facilitate the fullest possible social integration.
- Child-focused health needs assessments involving local professionals, young people and communities should be speedily carried out by organizations working in conflict situations, and should take into account food, health and care factors and the coping strategies likely to be used by the affected population.
- During conflicts, Governments and non-State entities should be encouraged to facilitate "days of tranquillity" or "corridors of peace" to ensure continuity of basic child health measures and delivery of humanitarian relief.
- Parties in conflict should refrain from destroying food crops, water sources and agriculture infrastructures in order to minimize disruption of food supply and production capacities.
- Emergency relief should give attention to the rehabilitation of agriculture, livestock and fisheries and to employment or income-generating programmes, to enhance local capacities to improve household security on a self-reliant and sustainable basis.
- Health professionals must be advocates of the rights of the child. WHO, in collaboration with professional, humanitarian and human rights organizations, should encourage paediatricians and all other doctors and health workers to disseminate child rights information and to report rights violations encountered in the course of their work.

PROMOTING PSYCHOLOGICAL RECOVERY AND SOCIAL REINTEGRATION

Historically, those concerned with the situation of children during armed conflict have focused primarily on their physical vulnerability. But the loss, grief and fear a child has experienced must also be taken into account. For increasing numbers of children living in war-torn nations, childhood has become a nightmare. Armed conflict destroys homes, separates families, splinters communities, breaks down trust among people and disrupts health and education services, undermining the very foundation of children's lives. The psychosocial concerns intrinsic to child development must be taken into account. Seeing their parents or other important adults in their lives as vulnerable can severely undermine children's confidence and add to their sense of fear. As bad as these experiences are, many children have witnessed their parents' torture, murder or rape, and have been threatened with death themselves.

In a UNICEF survey of 3,030 children in Rwanda in 1995, nearly 80 per cent had lost immediate family members, and more than one third of these had actually witnessed the murders.

When children have experienced traumatic or other events in times of war, they may suffer from increased anxiety about being separated from their families, or they may have nightmares or trouble sleeping. They may cease playing and laughing, lose their appetites and withdraw from contact. Younger children may have difficulty concentrating in school. Older children and adolescents may become anxious or depressed, feel hopeless about the future or develop aggressive behaviour.