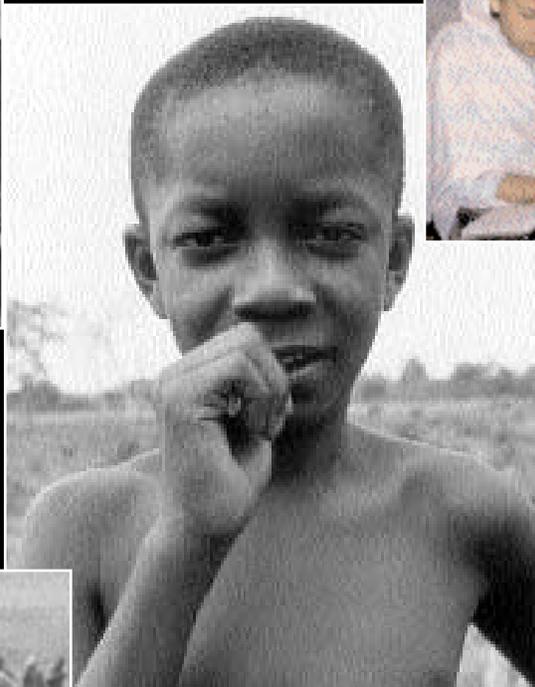




# UNTAPPED POTENTIAL: Adolescents affected by armed conflict

A review of programs and policies



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Women's Commission  
for Refugee Women & Children

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## MISSION STATEMENT

The Women's Commission for Refugee Women and Children seeks to improve the lives of refugee women and children through a vigorous program of public education and advocacy, and by acting as a technical resource. The Commission, founded in 1989 under the auspices of the International Rescue Committee, is the only organization in the United States dedicated solely to speaking out on behalf of women and children uprooted by armed conflict or persecution.

## Acknowledgments

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# EXECUTIVE SUMMARY

## INTRODUCTION

“*Adolescents? Why adolescents? Everybody knows that children are the most vulnerable!*” a high-level United Nations official told the Women’s Commission for Refugee Women and Children in the course of conducting research for the study presented here.

Descriptions of adolescents’ experiences of war and persecution in documentation collected by the Women’s Commission, however, show that adolescents are in desperate need of increased attention by the international community.

“I saw the bandits rape older women, and I saw them rape many girls who were just beginning to grow breasts,” a 12-year-old boy from Sofala, Mozambique is quoted in *Children of Mozambique: The Cost of Survival* (Boothby, et al.), describing what he saw while living in a house near a Renamo base. “The bandits raped the girls and left them there. Some girls were used by many different bandits; when one bandit finished with a girl another one took his place. I think some of the girls got sick and died of sickness because they were raped.”

“I am not an adult, and I am not a child. [I am] in the middle,” Mureramanzi, 20, from Rwanda, told Craig Cohen in *No Home without Foundation: A Portrait of Child-headed Households in Rwanda*. “I can do the work of men, but I never discuss things with them. The only adult I speak with is my grandmother, but she is worn down. I am not an adult, but I am a father. I provide for my family. I never think about getting married because life is too difficult. I never think about abandoning my brother and sister because even if I had to feed only myself, life would not be easier.” Since 1994 when his parents were killed in the genocide and he was 17, Mureramanzi has been responsible for his young brother and sister, ages six and nine. He sometimes does not eat so his siblings can eat. He never finished primary school.

Sarah, 17, was abducted by the Lord’s Resistance Army in Uganda. “After the military training, I was given to a man called Otim,” Human Rights Watch reports her saying in *The Scars of Death*. “There were five women given to one man. The man I was given to was very rude to me; he thought I wanted to leave him and escape. He beat me many times with sticks. Now I’m going to be a mother soon. I don’t want to be a mother at this age. But it happened, and I must accept this.”

And the *Los Angeles Times* quoted 14-year-old Vlora, a Kosovar refugee in Albania in April 1999: “Before school started, I didn’t do anything. I used to always think about my house and how they burned it down.”

A nongovernmental organization representative told the Women’s Commission, “They [adolescents] are the underserved of the underserved.” In the eyes of the international community, which has reached tremendous heights of political consensus around the subject of “innocent, vulnerable, children,” adolescents are woefully overlooked. In fact, for many decision-makers, adolescents do not seem like children at all, almost do not exist at all. They seem more like adults, able to care for themselves, or having more adult-like problems. And they may not look so innocent; they may be the perpetrators of violence. They may seem hard to deal with; they have opinions and can be demanding. Yet the costs of not focusing on adolescents are enormous: massive rights violations committed against adolescents, with long-term consequences for them and their communities as they attempt to endure and recover from armed conflict. Perhaps worst of all, adolescents’ strengths and potential as constructive contributors to their societies go largely unrecognized and unsupported by the international community, while those who seek to do them harm, such as by recruiting them into military service or involving them in criminal activities, recognize and utilize their capabilities very well.

Adolescents have distinct experiences in armed conflict, distinct needs and distinct capacities for recovering. They are heads of households. They mentor and tutor other children and provide friendship and companionship for one another. They generate a livelihood for themselves and their families, and take on leadership roles. These attributes must be increasingly seen and addressed.

*Untapped Potential: Adolescents affected by armed conflict* reminds decision-makers and others that when the rights of children are invoked, “children” include adolescents. It identifies and highlights work that has taken place and is underway to address adolescents’ circumstances. At the same time, it emphasizes how much needs to be done on behalf of and with this group. Most of all, it calls on the international community to tap its own potential to act in support of adolescents’ capacities and to promote their well-being and the stability of their families and societies.

## ABOUT THIS STUDY

The Women's Commission for Refugee Women and Children (Women's Commission) conducted this study to determine patterns and practices regarding the health, education, livelihood, protection and psychological and social needs of adolescents uprooted by armed conflict. It is a review of programs and policies for adolescent refugees, internally displaced persons (IDPs) and returnees. In addition to identifying past, current and upcoming initiatives, this report identifies gaps in programming, ongoing needs and future challenges. The Women's Commission views this desk study as a starting point for further, more in-depth field assessments and programming interventions and as a tool to galvanize international support for the urgent needs of adolescents affected by armed conflict.

Women's Commission researchers interviewed dozens of senior officials and other representatives from intergovernmental organizations, nongovernmental organizations (NGOs), donor agencies and academic institutions. Where applicable, the Women's Commission asked respondents to:

- Describe and evaluate their programs, policies, methodologies and funding, taking into account the involvement of adolescents; and provide any existing age-specific and gender-specific data.
- Identify major gaps and challenges in programming for adolescents.
- Define the term adolescence, accounting for cross-cultural and contextual frameworks.
- Characterize their organization's and, or the international community's overall response to the needs of adolescents affected by armed conflict.

The researchers also reviewed and catalogued hundreds of documents on programs, policies, studies, conferences and other works pertaining to adolescent refugees, IDPs and returnees. This information has been indexed in an annotated bibliography that details the wealth of written materials compiled, and provides readers with sources for further reference.

This report does *not* provide a detailed description of every program, policy or related initiative uncovered in the course of conducting this research. Instead, it highlights some of the major findings and provides supporting examples. The research did not focus on any single region of the world or particular group of adolescents, but instead permitted a wide scope of

analysis. Under these parameters, the report brings together, for the first time, multiple examples of the variety of policy and program initiatives that have taken place or are taking place with regard to war-affected adolescents and raises key issues for further consideration and action.

## THE NATURE OF THE PROBLEM

With the passage of the United Nations Convention on the Rights of the Child (CRC) in 1989, its near universal ratification and the subsequent publication by the United Nations of *Impact of Armed Conflict on Children* (also known as the Machel Study) in 1996, the current need for the international community to address and mitigate the impact of armed conflict on children has been brought more fully into focus. The chilling findings of the Machel Study gave a singular voice to describing children's experience of war: children's rights are widely, increasingly and often brutally violated during war, with serious consequences for the survival and healthy development of children and the future of their communities. Governments and international humanitarian relief and development organizations have prioritized the needs of children through bilateral and multilateral assistance. However, with some encouraging exceptions, they have failed to systematically identify and meet the distinct needs of a large and particularly "at-risk" population: adolescents.

Women's Commission researchers found extremely limited data on adolescents, in terms of their numbers, profiles or needs, and very few formal assessments and evaluations addressing their concerns. The United Nations High Commissioner for Refugees (UNHCR) puts the total number of refugees, internally displaced, returnees and asylum seekers in its care at 22.4 million people. Of the 12 million refugees included in this number, 7.4 million are children. There is no breakdown of the number of adolescents among these children, although they are known to make up a significant portion of this large population. At least half of the estimated 30 million additional internally displaced persons who fall outside the purview of any international institution providing assistance are children and adolescents.

Repeatedly, Women's Commission researchers heard that adolescents are grievously underserved. Concerns were expressed about the far-reaching and costly effects of neglecting the needs and rights of adolescents, for these young people, their societies

and the world. Representatives from donor agencies, intergovernmental and nongovernmental organizations and academic institutions almost all agreed that the needs of refugee, internally displaced and returnee adolescents are insufficiently addressed. While there are some programs that target adolescents and policy commitments that address their needs (for example, reproductive health services for adolescent refugees), these have just begun to scratch the surface, and experience gained from these programs is not widely shared. In general, few “lessons learned” regarding adolescents have been compiled, little targeted coordination or discussion takes place and responding concretely to their needs has not become a mainstream priority within the international community as a whole.

### Defining Adolescents

Determining what rights and needs adolescents have is essential for designing and undertaking interventions with them and on their behalf, but identifying them as a group is not a straightforward task. The English term adolescent, meaning a person in transition from puberty to adulthood, is based primarily on Western theories of child development that may not apply cross-culturally. The Women’s Commission found a host of interpretations of who adolescents are and what marks the transition to adolescence. For example, adolescents are categorized as: 10- to 19-year-olds by the World Health Organization; young men who have not yet undergone circumcision in Xhosa tradition; and people in the “second decade of life” by the United Nations Children’s Fund (UNICEF).

Despite important differences in interpretation, the Women’s Commission found that most respondents agree about who adolescents are *not*. They are not young children, and they are not adults. The Women’s Commission also found a common desire within the international community to ensure that differences in *defining* adolescents do not obstruct or postpone *acting* on their behalf and with them.

In contemplating the needs of adolescents, the group can be defined:

- *Chronologically*, pertaining to a period of life between certain ages.
- *Functionally*, involving a process of transition from childhood to adulthood, marked by certain rituals or physical changes.
- *Culturally*, in a societal context.

Perhaps most importantly, adolescents are at a stage in their development when, for the first time, they are actively seeking to attach meaning to their lives. Failure to provide adolescents with a positive and productive sense of purpose during the upheaval of armed conflict leaves them despairing and vulnerable to those who would seek to manipulate them, pulling them into the conflict and exploiting and harming them in other ways.

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*By New Year’s Day 2000, young people between the ages of 10 and 19 will comprise 20 percent of the human race — 1.2 billion people — and it is not an exaggeration to say that how effectively they navigate the shoals of adolescence will be a crucial element in how well all of humanity weathers the coming challenges of the next century. Yet with dismaying short-sightedness, many adults continue to regard young people more as a passel of problems to be sorted out than as a vital global resource.*

- Carol Bellamy, UNICEF Executive Director,  
to Jacobs Foundation-Carnegie  
Corporation conference on youth

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### Recognizing War-Affected Adolescents

As civilians bear the brunt of today’s armed conflicts, children of all ages have become the deliberate targets of war. Reports are widespread of children being injured, mutilated, disabled, killed, forced into military service, sexually abused and exploited, forced to work under dangerous and harmful conditions, separated from their families, losing opportunities to attend school or find health care, suffering various forms of trauma and more. Although children of different ages, gender and socioeconomic circumstances experience the effects of war differently, there has been relatively little focus on the impact on older girls and boys. Programming for children as a “vulnerable” population (through, for example, child survival initiatives) has tended to focus on younger children, who are particularly susceptible to death and disease.

The world still has a long way to go in preventing armed conflict and in meeting the needs of war-

affected children of any age, but war-affected adolescents are frequently worse off than other children in a number of respects. They are at a critical stage of development, transitioning out of childhood and on the threshold of adulthood. Although international humanitarian agencies are beginning to design and implement a *limited* number of programs to meet their specific needs, more efforts targeting adolescents are sorely needed.

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*Highlighting the differences between [adolescents'] experiences and those of younger children and adults need not create a competition for scarce resources, but rather should serve as an urgent call to expand the allotment of resources and support so that all children's and adults' rights and needs might be better addressed and ensured.*

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While war-affected adolescents may not suffer mortality and morbidity to the degree of very young children, they are at higher risk in other areas. Some particular risks for adolescents include the following:

- Adolescent boys and some adolescent girls are more likely than younger children to be recruited into military service and to engage in armed combat. When adolescents survive, this often brutal experience can have severe psychological effects and social consequences such as adolescents' desensitization to suffering and rejection by their families and communities.
- Adolescents attend school in far fewer numbers than other children. They may have economic and family responsibilities that prohibit them from attending, or they may lack opportunities and an appropriate learning environment for their age and circumstances. Adolescent girls are more likely than adolescent boys to miss out on an education due to a lesser value being placed on girls' education in some communities, security concerns, family responsibilities, the unavailability of sanitary towels, pressure to marry or other issues.
- Out of school and generally physically stronger than younger children, adolescents are particularly vulnerable to economic exploitation and may be subjected to unsafe working conditions, discrimination as workers and forced labor. Extreme forms of abusive child labor include forced military recruitment, prostitution and sexual slavery.
- Adolescent girls may be more likely than younger girls to be sexually abused or abducted and held as sexual slaves. Adolescent girls may be targeted for sexual abuse due to their physical sexual maturity and because perpetrators may consider them less of a risk for sexually transmitted diseases (STDs), including HIV/AIDS, than older women. Adolescent girls may also be compelled into prostitution for lack of survival-related alternatives. They may suffer these forms of abuse and related health problems in silence. Those who are separated from their families or communities may not be re-accepted should they have an opportunity to return home. Some boys also suffer sexual abuse, but less is known about the circumstances and the age distribution of cases.
- Adolescent boys and girls who are sexually active and, or sexually abused are at a higher risk for contracting HIV/AIDS and other STDs in comparison to younger children. Adolescent girls may sustain unwanted and potentially dangerous pregnancies due to rape or because they and their partners have limited or no access to reproductive health care. Adolescents have less access to information about reproductive and other health care than adults for reasons ranging from cultural taboos about such information to simply not being effectively targeted. In general, adolescents are the least likely of all displaced persons to access health care services.
- Adolescents may head households after losing their parents to violence or disease, yet they may not have any rights to their family lands. With responsibility for the survival of their families, these adolescents often lose out on educational opportunities, take what jobs they can find and live with high levels of uncertainty and insecurity. They are at particular risk of being economically exploited.
- Due to the disruption of war and the loss of parents and other adult role models, adolescents may lose traditional opportunities to learn a trade, such as through apprenticeships, and to develop a productive role in their community. Lacking opportunities for gainful employment and a meaningful role in society, adolescents are increasingly vulnerable to the lure of participating in armed conflict

and prostitution. They may resort to criminal activities, abuse drugs and alcohol and use violence as a means of coping or to create meaning in their lives.

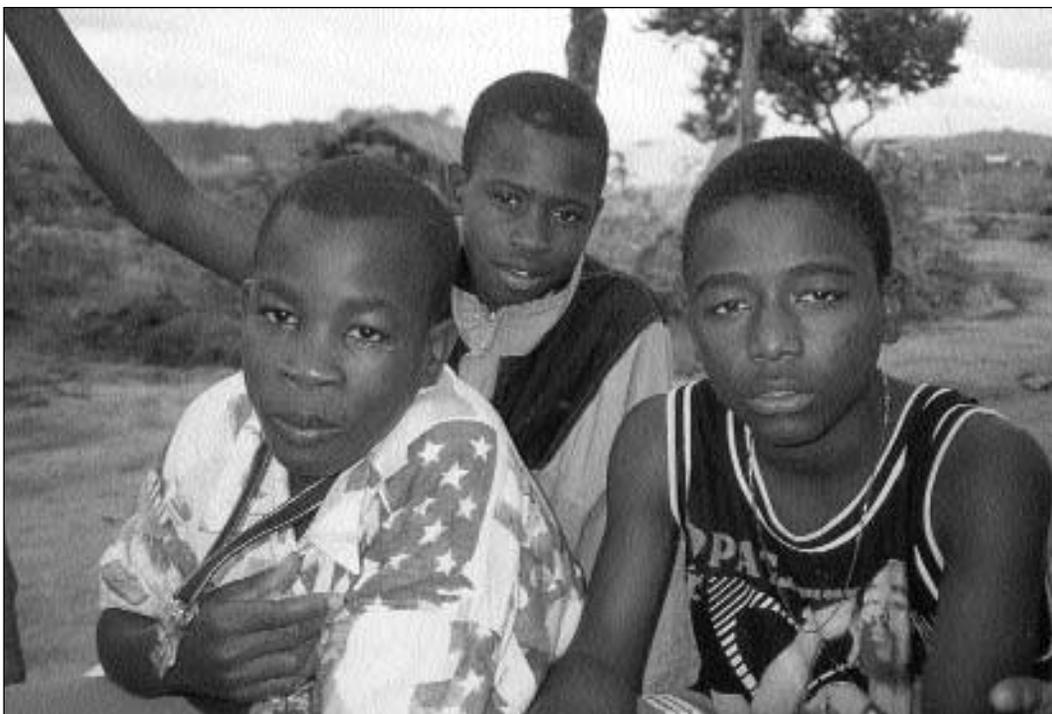
- Because adolescents often have to assume adult responsibilities without sufficient support, they are ill-equipped to provide for themselves and their families and to fully contribute to the wider community. Despite the challenges they face, their opinions are seldom asked even when decisions are made affecting their lives and the future of their communities.

These are just some of the distinct problems that war-affected adolescents face. Without addressing the social, economic, political, psychological, physical and spiritual needs of adolescents, the international community risks contributing to the perpetuation of cycles of poverty, rights abuses and armed conflict by a generation that has lost its innocence and a sense of what it means to be an integral and important part of a peaceful society. Highlighting the differences between their experiences and those of younger children and adults need not create a competition for scarce resources, but rather should serve as an urgent call to expand the allotment of resources and support so that all children's and adults' rights and needs might be better addressed and ensured.

## Trends in Program Approaches

In addition to revealing concrete examples of policies and programming related to adolescents in five sectors — education, livelihood, health, psychosocial, education and protection — the research identified five clear trends in approaches to programming for war-affected children, including adolescents. These methodologies are increasingly recognized by decision-makers as important to effective programming on behalf of children and adolescents. They include:

- Utilizing “situation-based” analysis, which considers a range of factors so that programs are sensitive to local history, politics, culture and social and economic realities.
- Programming from a rights perspective (“rights-based programming”) to help ensure that human rights are considered as the framework for designing interventions and determining acceptable outcomes.
- Involving adolescents as active participants in the design, implementation and evaluation of interventions on their behalf.
- Recognizing cultural patterns, local traditions and customs as potential assets to programming.
- Programming across sectors.



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## Foundations for Action

In addition to the sectoral analysis, Women's Commission research identified numerous legal instruments, policies and offices which form the foundation for concerted action to improve the lives of young people in war zones. These include — but are not limited to — the following.

### *The Convention on the Rights of the Child*

Although ideas about the characteristics of childhood vary from culture to culture, the signatories of the Convention on the Rights of the Child, the most widely ratified international treaty in history, affirm in Article 1 that children include “every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier.” Thus, children through 17 years of age are regarded as the distinct subjects of rights, including the right to life (Article 6) and, should they fall victim to armed conflict, the rights to protection, care, physical and psychological recovery and social reintegration (Articles 38 and 39). While the CRC is the preeminent international instrument seeking to protect and ensure the rights of the world's children, other international humanitarian and human rights law, such as the Geneva Conventions, also protect war-affected children, including adolescents.

Still, the coverage of adolescents under international law is not airtight. Defining “the child” in the CRC as persons under 18 “unless under the law applicable to the child, majority is attained earlier” leaves space for States Parties to lower the age of majority. Other areas may present barriers to adolescents' rights, such as the designation of primary education (generally associated with younger children) as a mandatory right and secondary education (generally associated with older children) as a progressive, non-mandatory right. The CRC sets the age of recruitment into military forces at 15, which provides less legal protection to older adolescents from forced recruitment. These concerns may or may not present problems for adolescents, and the protection and care of adolescents might be intended under international law, but the actions taken by decision-makers to enforce all children's rights equitably and age-appropriately ultimately speak louder than their words. In reality, little is done on behalf of war-affected adolescents. For example, “best interests” assessments rarely include assessments of adolescents' needs, especially in countries that experience acute child survival problems,

and adolescents are frequently an afterthought in decision-making.

### *The Machel Study*

Graça Machel carried out the *Impact of Armed Conflict on Children* study between 1994 and 1996 at the request of the United Nations Secretary-General. The study, which made recommendations related to the participation of children in armed conflict, and the protective standards and actions needed to promote the physical and psychological recovery and social reintegration of children affected by armed conflict, contains pressing findings regarding war-affected adolescents. It registers deep concern for the lack of a targeted response to their plight. Adopted by the UN General Assembly in 1996, the Machel Study is a key framing document that fosters strong momentum for attention to and action on behalf of war-affected children. The international response to its adolescent-specific findings is an important test in all follow-up efforts and future initiatives.

In identifying adolescent-specific concerns, the Machel Study finds the lack of educational opportunities for adolescents troubling, particularly at the secondary school level, and asserts that effective education for older children requires strong components of training in life skills and vocational opportunities. It states that youth are particular targets for underage recruitment, whether forced or for lack of better alternatives, and that adolescent girls are especially at risk for violence, including sexual violence. The study also highlights the need and obligation to include adolescents as participants in planning and implementing community-based relief, recovery and reconstruction programs. UNICEF is called upon to accelerate the development of programming for adolescents and to involve them in the process. In addition, adolescents' strengths, along with their needs, are emphasized so that young people are recognized as survivors and capable participants in creating solutions.

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*The international response to [the Machel Study's] adolescent-specific findings is an important test in all follow-up efforts and future initiatives.*

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### *Special Representative for Children and Armed Conflict*

Among the recommendations adopted by the UN General Assembly in 1996 related to the Machel Study was the appointment of a permanent Special Representative of the Secretary-General for Children and Armed Conflict. Since undertaking the post in September 1997, Mr. Olara Otunnu has been a compelling advocate for keeping children high on the international community's agenda. He has worked to negotiate humanitarian space for children and other civilian victims of armed conflict and has facilitated coordinated actions by local and international actors to improve their protection and welfare. Thus far, adolescents have not emerged as a specific focus of the office of the Special Representative, yet many of the priority themes of the Special Representative, including child soldiers and sexual violence, significantly impact their lives. Adolescents would benefit from additional attention by the Special Representative, as well as improved information-sharing and coordination with other UN agencies, NGOs and implementing partners.

#### Noteworthy Initiatives

A number of organizations are providing international leadership to raise the visibility of the plight of adolescents in armed conflict and to improve assistance and protection for adolescents at all phases of response. Some highlights include the coordinated work of UNICEF, the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) (especially regarding reproductive health care); an explicit commitment by UNICEF to sustained attention to adolescent issues; and burgeoning efforts within UNHCR in several areas, particularly through the Office of the Senior Coordinator for Refugee Children, which prioritizes adolescents. Both UNICEF and UNHCR have developed strategies to respond to the recommendations of the Machel Study. UNICEF's work with Young People in Crisis goes beyond the needs of war-affected adolescents to address the needs of other adolescents and young adults in a variety of difficult circumstances. UNHCR has included a component on adolescents in each of the training modules developed for an Action for the Rights of the Children (ARC) Initiative, which was undertaken with the International Save the Children Alliance. Some NGOs, many of which have experience working with war-affected adolescents, have also begun to assess and improve their work with adolescents, such as Save the

Children US, which has conducted an assessment of its programming for adolescents, and the International Rescue Committee's Children Affected by Armed Conflict Unit, which has already begun to undertake significant adolescent-specific programming. Stop the Use of Child Soldiers coalitions have been formed by NGOs in almost 40 countries to raise international attention to a major adolescent issue - the recruitment of children as armed combatants. The main focus of their campaign has been to work with governments and other international actors to raise the minimum age of recruitment under international law from 15 to 18 and promote the enforcement of this standard. Yet these encouraging efforts mark just the beginnings of systematic focused attention on adolescents.

#### Donor Attention

While governmental donors providing information for this study reported having an explicit focus on children affected by armed conflict, targeted attention to adolescents or "youth" needs is only emerging. In some cases, no targeted attention was revealed, and in general, programming for adolescents takes place on an *ad hoc* basis only. There are, however, some encouraging initiatives: Norway's, Sweden's and Canada's efforts with NGOs to secure an Optional Protocol to the CRC, raising the minimum age of military recruitment to 18; Norway's and Canada's cooperation on humanitarian and human security issues through the Lysøen process, which also supports ending the use of child soldiers; and Norway's commitment to providing education in emergencies, explicitly including education for adolescents.

Although funding provided by the United States Bureau for Population, Refugees and Migration, the United States Agency for International Development's Displaced Children and Orphans Fund and Britain's Department for International Development has benefited adolescents, such funding for adolescents is not regularized and falls far short of meeting critical needs. No precise figures are available from any donor agency on the numbers of adolescents who may have benefited from a programming initiative or even the total number of child beneficiaries. All donor respondents stated the desire to do more, a desire that will hopefully be fulfilled through intensified international efforts to establish and take action on an agenda for adolescents affected by armed conflict that involves them directly and comprehensively addresses their needs.

## FINDINGS IN BRIEF

### **1. Adolescents affected by armed conflict are largely absent from the agendas of donors and international humanitarian assistance agencies as a distinct group.**

Despite stated commitments in international law and other instruments of policy to respond to the needs of war-affected children, international efforts to focus on the specific needs and capacities of adolescents or “youth” are only just emerging. What little adolescent-specific programming exists is limited in scope. Donor agencies meet the needs of adolescents largely on an *ad hoc* basis, and the encouraging efforts of a number of intergovernmental and nongovernmental organizations to raise the visibility of adolescents in armed conflict have yet to make a substantial and systemic difference for large numbers of war-affected adolescents. Research, broad-based awareness-raising and concrete programming initiatives are essential to addressing the rights and needs of refugee, internally displaced and returnee adolescents.

### **2. The Convention on the Rights of the Child (CRC), the *Impact of Armed Conflict on Children* study and the Office of the Secretary-General’s Special Representative for Children and Armed Conflict provide an important framework for mobilizing the international community towards the fulfillment of adolescents’ rights and needs.**

Adolescents would benefit greatly from fuller implementation of the CRC and the recommendations of the Machel Study. They would also benefit from an explicit focus by the Office of the Special Representative for Children and Armed Conflict on their situation and through increased efforts to improve information-sharing among other United Nations agencies, NGOs, donor agencies and academic institutions, thereby increasing awareness and promoting coordinated, effective responses.

### **3. More quantitative and qualitative data is needed to further identify “good practice” and evaluate and respond to the needs of refugee, internally displaced and returnee adolescents affected by armed conflict.**

The paucity of “good data” weakens collaboration and appropriate program design. Improved data collection, information sharing and evaluation, including that which is adolescent-specific, would enhance the ability of intergovernmental organizations, NGOs, donors, academic institutions and other actors, including adolescents themselves, to better identify and meet the needs of adolescents.

### **4. Effective methodologies for approaching and carrying out programming for adolescents and other war-affected children should be identified, used and shared widely.**

These include “situation-based” analysis of the needs of young people accounting for local history, politics, culture and social and economic realities; “rights-based” interventions, which are mindful of the need to ensure children’s and adolescents’ basic human rights; adolescent participation, involving direct dialogue and collaboration and drawing from their strengths, talents and their abilities to cope; culture-specific initiatives, valuing local culture and practices as resources; and coordination among program designers and implementers across sectors to maximize opportunities and the efficient use of resources.

### **5. Education, including literacy training, primary, secondary, tertiary, vocational, life skills, informal and other age-specific educational opportunities are needed for adolescents. Gender equality should be promoted.**

These initiatives should be based on the realities of adolescents’ lives and interests, with an eye to employability. Education is a primary means to psychological and social healing, skills-building, training for livelihood, peacemaking, community-building, social reintegration, good health practices and protection. Despite international commitments to educating all children, adolescents receive insufficient services due to an emphasis on primary education for young children and because education is most often funded as a development rather than emergency intervention.

### **6. Relatively little is known about how displaced adolescents promote their livelihood.**

With increased family responsibilities and sometimes in the absence of parents, adolescents need access to resources and training in a viable skill to promote their livelihood, or they will be ill-equipped to provide for themselves or others in exile or upon returning home. They will also be vulnerable to exploitation, abuse, depression and hopelessness and will lack a sense of self-worth. Specifically, the needs of disabled adolescents, former child soldiers, adolescent girls and adolescent heads of household demand special attention in terms of livelihood opportunities. Among other things, adolescents need improved access to income-generation and micro-credit opportunities.

**7. Health is the most developed and coordinated sector of international response to adolescents affected by armed conflict.**

Little is known about the full variety of health problems adolescents face, in part because they are the population least likely to access health services due to lack of information and outreach to them, cultural barriers and other concerns. At the same time, an emphasis has been placed on addressing their reproductive health needs and preventing the transmission of STDs, including HIV/AIDS. Still, few reproductive health programs targeting adolescents are operational. Since the health field has focused more attention on adolescents than has any other sector, this illuminates the magnitude of the challenges associated with adolescent programming overall.

**8. Armed conflict affects the psychological and social well-being of adolescents, but there is limited and conflicting information on what interventions are most appropriate.**

Some service providers posit accounts of adolescents' psychosocial distress requiring individualized interventions, while a growing number of others emphasize the resiliency of adolescents, their creative coping skills and the need for community-based interventions. Additional research is needed regarding the psychosocial impact of war on adolescents and the cultural context which contributes to the meaning they attach to their suffering and the responses they find most effective.

**9. Adolescent protection problems, such as the increased use of adolescent child soldiers and the sexual abuse and exploitation of adolescent girls, continue to be widespread.**

Although donors have begun to pay new attention to the plight of child soldiers and the need for targeted interventions to address their needs and to prevent further enlistment, efforts are scattered and reveal limited success. Despite awareness of the need to protect adolescent girls from sexual violence and exploitation, including rape and prostitution, and in

the face of international guidelines on how to do so, programming for prevention and rehabilitation remain sorely lacking. Growing numbers of adolescent heads of household struggling to care for their siblings and themselves require adequate protection and assistance. Asylum procedures are needed that account for the specific needs and rights of adolescent and child asylum seekers, who at times are excluded from protection, detained and commingled with adult criminal offenders, and are not provided appropriate services to meet their legal and emotional needs. Coordinated international response must also be improved to assist internally displaced adolescents, who have few opportunities to access protection and care, and face enormous challenges to their survival and well-being.

**CONCLUSION**

As the world focuses increasingly on children's rights and the overall effects of armed conflict on children, it is time for the international community to ask what this means for *all* children, including older children, and take action. The needs of war-affected adolescents must be placed concretely on the international agenda for coordinated, mainstream action. To this end, further field-based research is needed across the areas of health, livelihood, education, protection and psychological and social concerns. Additional experience and evaluation of old and new approaches to programming for adolescents is also needed, exploring, for example, rights-based approaches, placing a premium on child and adolescent participation and moving away from discrete and rigid programming by sector. Work involving adolescents themselves and other national and international actors is especially required to raise awareness and mobilize broad-based support for such interventions. Addressing and fulfilling adolescents' needs and rights not only bodes well for the future as they are destined to become the next generation of adults; it upholds their right to a safe, healthy, dignified and meaningful existence *now*, as children.

## ADOLESCENTS: WHO ARE THEY?

In researching the impact of armed conflict on adolescents and setting an agenda to address their needs, the Women's Commission was interested in how policy-makers, programmers, academics, donor agencies and others identify or categorize adolescents. Under the CRC, children are considered to be "every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier" (Art. 1). The Women's Commission sought to understand where adolescents fall within or beyond this identification and if there is a common understanding among decision-makers, adolescents and their communities about who adolescents are. What are some of the different interpretations and experiences of adolescence across cultures? Is this English term "adolescent" (based primarily on Western theories of child development) meaningful, or is it ultimately irrelevant in certain circumstances?

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*More than half of the 22.4 million refugees and other persons of concern to UNHCR are children and adolescents under the age of 18. Each day, another 5,000 children become refugees; one in every 230 persons in the world is a child or adolescent who has been forced to flee his or her home.*

- UNHCR 1999 Global Appeal,  
*Refugee Children and Adolescents.*

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In asking these questions, the Women's Commission found differences in how adolescents are defined, both programmatically and philosophically. In spite of these variations, the Women's Commission found a common desire among the international community to not let *defining* adolescents stand in the way of, or postpone, *acting* on behalf of and with them. Areas of common understanding that emerged were:

- Adolescence can be defined *chronologically*, as pertaining to a period in an individual's life between certain ages, usually within the second decade of life;
- Adolescence can be defined *functionally* as a process during which individuals make a critical transition from childhood to adulthood;

- Adolescence is ultimately defined *by its cultural and societal context*, and this definition must be taken into account when designing and implementing programs for adolescents in each setting.

The following are examples of the variety of ideas about adolescents and adolescence, which touch on the issues of age and the developmental process. Note that the terms "youth" and "young people" are often used interchangeably with "adolescents," but sometimes connote a much wider group of people. In fact, working effectively with adolescents ultimately involves building trust, solidarity and partnership not only among children and adolescents as they are defined legally in their societies, but also adults. The meaning also varies along a number of dimensions, such as urban/rural, religiosity, class and others:

- ❖ "Between the ages of 10 and 20, humans everywhere cross a great divide between childhood and adulthood, biosocially, cognitively and socioculturally. No one would call this process of becoming an adult simple or easy. In most modern societies, at least, adjusting to the many changes that adolescence entails can be difficult and stressful, turbulent and unpredictable. ... Not only do they grow taller, heavier and stronger at a rate more rapid than at any time since early childhood; they also experience changes associated with sexual growth that contribute a new dimension to the way their bodies function and to the ways they think about themselves and others."<sup>1</sup> - *The Developing Person, Through Childhood and Adolescence*, Kathleen Stosser Berger
- ❖ "Adolescents are 10-19 years old; youth are 15-24; and young people are 10-24 years old." - World Health Organization
- ❖ "Adolescence is the period of the life-cycle that blends into childhood and adulthood — as infancy is the gateway to childhood, so adolescence is the gateway to adulthood. It is clearly not something that starts at 10 years of age and ends at 19 years for everyone ... and the meaning attached to words such as 'youth' and 'adolescent' varies between countries and cultures — in some languages they may even have a somewhat negative or pejorative connotation. ... The age issue is likely to generate significant debate when developing programs that meet young people's needs for health and development, and although the word used to describe this

age group is apt to vary, the most vulnerable age group is likely to be fairly universal, namely people between ten and twenty years of age.” - *Youth Health for Change — A UNICEF Notebook on Programming for Young People’s Health and Development*, UNICEF

- ❖ “All cultures recognize adolescence as a highly significant period in which young people learn future roles and incorporate the values and norms of their societies. ... In early adolescence ... young people are developing personal identities and searching for a sense of social meaning.” - *Impact of Armed Conflict on Children*, Graça Machel
- ❖ “When I was sixteen, the regent decided that it was time that I became a man. In Xhosa tradition, this is achieved through one means only: circumcision. An uncircumcised male cannot be heir to his father’s wealth, cannot marry or officiate in tribal rituals. It is not just a surgical procedure, but a lengthy and elaborate ritual in preparation for manhood. ... It [the recovery] was a period of quietude, a kind of spiritual preparation for the trials of manhood that lay ahead. ... At the end of our seclusion, a great ceremony was held to welcome us as men to society. Our families, friends and local chiefs gathered for speeches, songs and gift-giving.” - *The Illustrated Long Walk to Freedom, The Autobiography of Nelson Mandela*, Nelson Mandela
- ❖ “In Angola, the concept of adolescence is an urban one. In rural areas, most teenage boys are pushed into petty trading and do most of the work running agricultural products between farms and street markets. Girls fetch water, wash clothes, cook and complain of feeling frustrated by the amount of housework they have to do. In general, in rural areas there is a smooth progression from childhood to adulthood. They do not see a specific time in their lives for ‘having fun’ in rural areas, unlike the situation in urban areas. In urban areas, working class boys work part-time and are at school part-time and see themselves as adolescents. They want to go to discos, play electronic games and like to dress well.” - Margaret Brown, formerly with Christian Children’s Fund, Angola

- ❖ “This can be an enormously unproductive conversation. I get tired of it. Saying that adolescence is just a Western concept is ridiculous! When we think of children, we think of very young kids. ... Adolescents can be described as being in their ‘second decade of life.’” - Bruce Dick, Senior Advisor (Youth Health), Program Division, UNICEF
- ❖ “After Burundian children take the national exam at the end of their sixth year of primary school, most stay home and help their parents. There aren’t enough high schools to accommodate them. They are 12-14 — ‘umuyabagas’ is what we call them — and for several years they prepare for marriage.” - Julie Nsanzurwimo, former Foreign Ministry officer, Burundi

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*Show me an adolescent, and I’ll show you someone seeking to attach meaning to their life.*

- Martha S. Bragin, Clinical Social Worker, Adolescent Specialist.

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- ❖ “In evaluating our international programs for adolescent development, we’ve looked at programming responses for adolescents in stages, early (10-14 years of age) and late (15-18).” - Jennifer Dec, formerly Save the Children US
- ❖ “The CRC definition may cause some confusion because it equates child with ‘minor.’ The dictionary definition of ‘child,’ on the other hand, is a person who has not yet reached puberty or sexual maturity. A person who is no longer a child but not yet an adult is an adolescent, or a young man or a young woman. ... In advocating ‘children’s rights’ in societies where adolescents are performing adult roles of marriage, child-rearing, work or combat, for example, you should be prepared to explain why all persons under 18 should receive the special treatment given them under the CRC.” - *Refugee Children: Guidelines on Protection and Care*, UNHCR

## TRENDS IN MAJOR SECTORS

### Sector: Education

#### INTRODUCTION

Education<sup>2</sup> for adolescents differs from country to country. Beyond primary school, some adolescents look forward to formal secondary school and even tertiary education opportunities. Others have no such expectation and rely on opportunities to learn from their parents and others in their community in order to promote their livelihood. But whether or not they anticipate high school, work on the family farm or apprenticeships, educational opportunities for adolescents and other children often disappear or are interrupted with the destruction and dissolution of their communities and the need to flee their homes. In many cases, young people end up idle, with little to do and are consequently at risk for forced military recruitment, prostitution and other forms of sexual and economic exploitation and abuse, criminality and indoctrination. In other cases, adolescents may

be forced to take on adult obligations before they are ready, such as becoming the head of the household, and are responsible for their own survival and the survival of others. In all cases, without access to meaningful education, these adolescents are at risk for entering adulthood illiterate or poorly trained or both. Their potential for personal growth, economic sustenance and making contributions to their communities is thereby diminished.

Less well recognized but becoming clearer to mental health workers and others, is that education is also a primary means to psychological and social healing, skills-building, training for livelihood, peacemaking, social reintegration, good health practices and protection. Education is an essential stabilizing force in all phases of emergencies, re-establishing a sense of normalcy and structure after destruction and chaos. Education also provides an opportunity to build self-esteem and confidence and

to regain a sense of hope about the future; without this opportunity, adolescents may see few alternatives and may be driven to become a destabilizing and destructive force, continuing cycles of violence and vulnerability and finding few options for escaping poverty.

Although the international community has articulated all children's and adolescents' right to primary education and has made commitments to fulfilling this right and to attempt to provide education beyond primary school, by and large this effort has failed in most situations of armed conflict. This failure is not for lack of ideas or knowledge within the field of education about how best to provide education to young children, "youth" and adults in a variety of contexts. In



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*War-affected communities may not expect or value formal education for adolescents, particularly adolescent girls, who may be under pressure to marry, expected to perform the lion's share of domestic tasks or lack such necessities as sanitary supplies. Continued efforts are needed to ensure the equal access, participation and educational achievement of both adolescent boys and girls affected by armed conflict. Although some communities have begun home-schooling, most Afghan girls are denied education in Afghanistan due to the rules of the Taliban. These are adolescent Afghan refugee girls studying in Pakistan.*

fact, the Women's Commission discovered a number of important ideas about what might best meet war-affected adolescents' educational needs and rights; however, relatively few educational initiatives have been undertaken for these adolescents and those which have not been widely replicated. The absence of education programs for adolescents is explored below, along with some explanations addressing why this gap exists. The need to support adolescents' strengths through education so that they are recognized as capable participants in creating solutions is also emphasized.

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*One of the most important things for the future is always what remains in a child's memory. What will these children share with their children and their grandchildren? How can these children and adolescents understand why they are called IDP? They did nothing wrong, and yet they are like prisoners in their own country. Our activities try to lessen the hatred in these children's hearts. Children should not grow up with hatred in their hearts.*

- Isfandiyar Mamedov, director, art, music, drama and dance center for IDP children and adolescents.

From *Looking Toward Home, Internally Displaced Adolescents in Azerbaijan*.

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## KEY ISSUES

### Few Education Program Initiatives for War-affected Adolescents

In *Impact of Armed Conflict on Children*, Graça Machel states she was "particularly concerned to discover the lack of meaningful educational activity for adolescents, particularly at the secondary school level," and that "for older children especially, effective education will require strong components of training in life skills and vocational opportunity." Education, as reported in the Machel Study, should be provided at the outset of an emergency because educational opportunities provide structure, stability and a sense of normalcy to the lives of children, adolescents and adults, while all else may seem in chaos.

Likewise, a report evaluating UNHCR's education programming cited "nearly non-existent educational initiatives for adolescents," and further stated, "Education for refugee adolescents is the area which needs the most development by UNHCR." The report noted that, "... one of the most serious issues faced by UNHCR is the problem of adolescents without constructive activities." It stated that the number of adolescents attending primary school classes, vocational or adult literacy courses is difficult to quantify,<sup>3</sup> but that overall, only a small minority of refugee adolescents are involved in education activities, and primary school drop-out rates are high. UNHCR also reported that possibly the majority of adolescent refugees are in need of basic literacy skills, while fewer are in need of secondary and tertiary education opportunities. Although it involves only a minimal number of refugee recipients, UNHCR provides important tertiary scholarship opportunities through the DAFI (Deutsche Akademische Flüchtlings Initiative) program, which is funded by the German government. UNHCR's education evaluation also noted the specific education needs of adolescent girls, whose participation in primary education is particularly worrisome, ranging from 10 to 40 percent of students, less in secondary and vocational studies and only 25 percent of all students at the tertiary level.<sup>4</sup>

For decades, education initiatives for adolescents have relied mostly on the enlightenment of those working in the field and those in displaced communities themselves. What significant work has been done on their behalf has not been systematized. Yet, as the following examples show, the need for concrete programming initiatives is great.

Mozambique: In 1991, participants in a seminar on strategies to combat illiteracy and to equalize access to education among displaced communities in Southern Africa noted the particular problem facing adolescents. They reported that the lack of access to education and scarcity of opportunities for adolescents will leave many villages in post-war Mozambique with few educated young people to become future health care workers, teachers and community leaders. In addition, they reported refugee camps filled with idle youth without opportunities for productive work or study and little reason to face the future with any hope. A cost-effective and practical program is needed to focus on the educational needs of these youth as well as the communities to which they will return, they said. Adolescent

education must be understood in the context of employment and general livelihood, and access to higher education must be made available to at least some.<sup>5</sup>

Angola: A 1996 report revealed that adolescents denied education during the war in Angola were in need of literacy and vocational training in order to support themselves. Educational and vocational training for IDP adolescents were almost non-existent as well. As an example of the need, a program to train mine-disabled in tailoring was hampered by the inability of the participants to read, write and perform basic math skills. This was particularly true of adolescent girls.<sup>6</sup>

Somalia: An analysis of the plight of refugee children in Somalia in 1987 revealed a generation within camps that have only known camp life. Although children were estimated to comprise 60 percent of the refugee camp populations, only a small number of adolescents had the opportunity of secondary educa-

tion and vocational training. Access to higher education was even more limited.<sup>7</sup>

Burundi: For years, adolescent refugees in Burundi have lacked adequate and appropriate educational activities. A needs assessment revealed that adolescents desire skills training opportunities for income generation as a way to reduce idleness, but that funding for adolescent programs is limited. At the time of reporting, cuts of 10 percent in NGO budgets led to a decrease in programs for adolescents.<sup>8</sup>

## GAPS AND BARRIERS

### Secondary School Not a Mandatory Right in CRC

Article 28 of the CRC establishes that education for children is not just a need, but also a right, and says that States Parties shall ensure that primary education is free and compulsory and encourage and make accessible different forms of secondary education. In this case, primary education, which is mostly associated with younger children, is seen as a fundamental right. Secondary school and vocational training, however, which are usually associated with adolescents, are not mandatory and are seen as progressive rights. This is potentially a key policy barrier to adolescents continuing their education and may in part explain the absence of adolescents on the donor and international community education agendas.<sup>9</sup>

### Prioritization of Primary Education

The international community has made great strides in codifying children's right to education and attempting to educate the world's children. However, a predominant focus on providing basic education to primary-school age children has obscured the fact that adolescents are being left out. In the first half of the 1960's, UNESCO, the United Nations organization with specific responsibility for education, held four World Regional Conferences on Education. The conferences identified global education levels and set clear goals: the enrollment of all eligible children in primary school by 1980, and by 1970 in Latin America, where existing conditions were better.<sup>10</sup>

"Education for All" became a rallying cry after the 1990 World Conference on Education for All held in Jomtien, Thailand, and the "expanded vision of education that emerged from Jomtien included emphasis on basic education, early childhood care and devel-



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*Education for war-affected adolescents is more than formal schooling and may take many forms, including non-formal and informal education. Education also helps in the process of psychosocial healing, particularly when adolescent strengths and participation are utilized to help others. In 1999, this Kosovar refugee in Albania participated in a non-formal education project for children and adolescents, where adolescents also acted as peer educators and youth workers.*

opment and learning through adolescence and adulthood.”<sup>11</sup> It also made girls’ education a priority. However, a review in 1996 revealed that the drive to enroll 6- to 11-year-olds in primary school by the year 2000 overshadowed the conference’s integrated vision of basic education. Adolescents and others had been left behind.<sup>12</sup>

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*The types of learning materials and techniques being used for younger children are often not appropriate for adolescents. Education programs for adolescents should, ideally, promote human rights awareness, and coping and conflict resolution skills in order to contribute to the peace and prosperity of their country. These programs should include some form of primary-level equivalency and certification, as required for further education or training.*

- Review of UNHCR’s Refugee Education Activities.

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### Education Not Prioritized in Emergencies

Few humanitarian assistance entities prioritize education. Instead, other critical needs are emphasized and addressed, such as food, water, shelter and medical care, as education is seen more as a long-term development concern. As a result, with some exceptions, funding for and attention to education early on in emergencies for adolescents and others is limited. Donors are reluctant to prioritize education in the initial emergency phase, for fear of long-term commitments.<sup>13</sup> Likewise, in some instances, host governments will not allow its provision. There may be political and resource-based barriers such as fear of creating a refugee pull factor, lack of consensus over curricula and the priorities of food and shelter. Also, the importance of education may not be recognized, particularly in the areas of health, psychosocial well-being and protection.

### Factors Contributing to Low School Attendance for Refugee Adolescents

UNHCR’s former Senior Coordinator for Refugee Children, Neil Boothby, discussed with the Women’s Commission some of the reasons behind low rates of school attendance among refugee adolescents:

- Legal barriers: National law in some countries may bar adolescents from accessing primary education.
- Social pressures: For example, fourteen-year-olds may be laughed at when they attend school with eight-year-olds; it is very humiliating for a 14-year-old to read more poorly than an eight-year-old.
- Economic factors: Adolescent boys in particular are pressed to produce economically. Adolescent girls may be expected to perform the lion’s share of domestic tasks, leaving little time to attend school or study out of school.
- Cultural factors: War-affected communities themselves may not expect or value education for adolescent boys and girls. For many, education must be seen to lead to gainful employment or an improvement in livelihood. Boys’ education is frequently valued over girls’, and in some areas, there is a pressure for girls to marry quite young.
- Other obstacles: Lack of sanitary supplies and fear of embarrassment or humiliation may deter girls from attending school as does a lack of privacy should lavatories have to be shared with boys.<sup>14</sup>

## STRATEGIES

### General Recommendations

Literature and experience in the field suggest approaches to educating adolescents should be: non-formal • flexible • participatory • situation-based • equitably available for boys and girls • useful • age-specific • gender-specific • linked to realistic employment opportunities • rapid • related to peace-building initiatives and reconciliation efforts • geared towards psychological and social healing, and more.

### UNHCR’s Education Evaluation

UNHCR’s *Education Evaluation* prioritizes adolescent literacy, along with adult literacy and a continued focus on primary education. The evaluation states that a program equivalent of primary education for children must be developed for adolescents who have not previously attended school or who have become illiterate — a kind of “basic education for adolescents” — to follow in the footsteps of the goals of Education for All. Such a program would provide first-level instruction for illiterate adolescents, in the 12 to 18 years of age group.

Additionally, the review states that instead of the common way of educating refugee adolescents, by putting them in lower primary school classes with younger children, they should “learn with other adolescents or adults and use learning materials, which relate to their own life experiences.” UNHCR suggests that these approaches improve adolescents’ psychosocial well-being. UNHCR also advocates that education for refugee adolescents model itself after basic education programs (for adolescents and adults) used in many developing countries<sup>15</sup> and hold formal daytime classes in certain primary schools, using adolescent-appropriate teaching materials and techniques, including teacher training that emphasizes a more participatory, non-formal approach.<sup>16</sup>

### The Machel Study

The Machel Study recommends the establishment of non-formal education but stresses the need to uphold school systems from the outset of an emergency to forestall a break in education. It argues that this instills an immediate sense of stability within the uprooted community and provides useful skills training to adolescents. It also recommends that education for adolescents link life-skills training and vocational opportunities to assist adolescents in meeting the challenges of survival. Such linkages, it argues, provide them with a sense of meaning and identity, and in some cases, improve their status within the home.

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*Secondary education prepares young people to take an active part in important civil processes at the return of peace.*

- *Impact of Armed Conflict on Children study.*

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### A UNHCR and Tufts University Workshop on Children and Adolescents in Violent Societal Change

This April 1998 workshop at Tufts University noted the reluctance of donors and host countries to pay for education interventions and affirmed education as central to the survival of young people in crisis situations as well as the transformation and rehabilitation of society. It concluded that “Education needs to incorporate skills that children want and need: language, entrepreneurship, job skills, credit, finance, market and leadership skills. Education also includes apprenticeship and informal education, often provided by members of the

community (including other children and adolescents), which can involve storytelling, play time and the passing on of culture and traditional skills. Youth centers and programs to fight teenage boredom in camps offer alternatives to violence. In emergency situations, there is the opportunity to test new education packages, building on what resources exist that can be transferred to adolescents. Moral and ethics education within the local context is important.”<sup>17</sup>

### Conferences on the Protection of Children and Adolescents in Emergencies

A November 1998 conference in Oslo, Norway, sponsored by the Norwegian Refugee Council (NRC), Redd Barna (Norwegian Save the Children) and UNHCR, on Children and Adolescents in Armed Conflict, raised strong concerns regarding adolescent education. Working groups focused on the issues of preventing military recruitment, preventing gender-based violence and sexual abuse, protecting separated children and protecting adolescents. All the groups highlighted education as an important preventive tool, and the participation of children and adolescents in the development and implementation of protective and preventive measures was a reoccurring theme in the discussions. Among the recommendations from the conference’s working groups are that education be made the fourth component of emergency assistance (in addition to food and water, shelter and health care) and that a position for an adolescent representative be established in the Office of the Special Representative for Children and Armed Conflict.<sup>18</sup> As a follow-up to this meeting, a workshop entitled “Basic Education in Emergencies and Transition Situations: A First Sharing of Program Lessons” was held in Washington in March, 1999 and brought together 120 representatives of UN agencies, NGOs and donors. Co-sponsored by NRC, InterWorks, the Congressional Hunger Center and the Women’s Commission and hosted by the World Bank, the conference found that education in emergencies is essential and achievable, including for adolescents.

### NOTEWORTHY INITIATIVES

#### Formal Preparation for Secondary Education in a Resettlement Setting

When large numbers of refugees are accepted for resettlement to another country, some receiving countries, such as the United States, provide adolescents with training to prepare them for life in their adop-

tive country. The following is one such example. A consortium, made up of World Learning, Inc., World Education and Save the Children, ran education programs in the Phanat Nikhom refugee camp in Thailand from 1980-1990 for United States-bound refugees. The programs included English language courses, cultural orientation and work orientation components and also had a special module for adolescents called PASS (Preparation for American Secondary School). PASS familiarized refugee students, aged 12 to 19, with the learning process in American secondary schools through education in basic skills and subject areas such as language, reading, writing, math, cultural information, interpersonal skills and coping strategies. PASS also had a specific curriculum for 17- to 19-year-olds, which included a work orientation component to introduce young adults to some behavioral and skills requirements of the American workplace.<sup>19</sup>

### Girls' Education

During 1995, UNHCR Uganda appointed a consultant on girls' education to investigate the question of low attendance of Sudanese refugee girls in school. The consultant found that, in the refugee primary schools in East Moyo, girls accounted for only 37 percent of the school-going population even though half the total population was female. In the upper primary school, the situation was worse — only 15 percent of the pupils were girls, and only six percent were girls over the age of 18. Among the root causes of this low enrollment were cultural beliefs (which place little value on educated girls); poverty and the resulting inability to pay school fees; and early marriage and pregnancy.

The consultant's study laid the groundwork for a pilot campaign in East Moyo to raise community awareness. Posters for distribution within schools and community centers were designed for an information campaign, with themes based on community attitudes and obstacles to female participation in education. The posters addressed the following topics: teenage pregnancy; the burden of domestic chores on girls; family beliefs that educated daughters provide less economic support than educated sons; and the benefits of educated women within a family and community. UNHCR then recruited a volunteer to develop a community-based campaign, to be extended to other areas, with a three-pronged approach targeting teachers, children and the community at large. The campaign attracted children and

students through competitions and dramas, and schools were encouraged to create and perform plays on the theme of "Girls should be educated, too."<sup>20</sup>

### Education for Peace

To promote tolerance and conflict resolution, UNHCR launched an initiative in the Kakuma and Dadaab refugee camps in Kenya, as well as in the refugee school program in Guinea run by the International Rescue Committee (IRC). Community and youth groups, as well as community leaders, have received extensive training. Refugee schools in Kenya now include weekly sessions on peace and life skills, as well as regular in-service teacher training on these subjects. In 1999 this initiative expanded to cover the entire span of primary and post-primary schooling. UNHCR also intends to extend this program to other major refugee school systems with necessary adaptation, translations and training of trainers and teachers.

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*For decades, education initiatives for adolescents have relied mostly on the enlightenment of those working in the field and those in displaced communities themselves. What significant work has been done on their behalf has not been systematized.*

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### Rapid Education in Emergencies

In an effort to restore and protect children's rights to education in emergencies, UNESCO and UNICEF developed the concept of an "Edukit," also known as "School-in-a-Box." The kits contain education and teacher training materials that are sent to affected areas as quickly as possible to help disrupted communities restore a sense of normalcy. Some of the items contained in the kits are pens and paper, chalk, slates, erasers, notebooks and exercise books for up to 80 children and curriculum guides, teaching materials and textbooks for one teacher. The Edukits were first used in Rwanda, where in 1994, 2500 of these boxes were distributed. They have also been sent to Afghanistan, Ghana, Iraq, Liberia, Mali, the Republic of Moldova, Sierra Leone, Somalia, Sudan, Tanzania and Zambia.<sup>21</sup> While School in a Box takes rapid education seriously, many practitioners warn against its use evolving into the fundamental structure for longer-term educational initiatives, which, among other things, may require different materials

and a more comprehensive and culturally appropriate approach. And although its materials may, with sufficient teacher training, be adaptable to groups other than primary school-age children its aim is fundamentally young children. In one instance, the Teacher's Emergency Package (TEP) for Angola was developed so that it could be used for adolescent (and adult) students as well as for children.<sup>22</sup>

#### Liberian Children's Initiative

As a result of the Liberian war, many children have become refugees and internally displaced from their communities, and at times, separated from their parents as well. Military recruitment, harmful child labor, prostitution and life in the streets are among the cruelties to which these children have been exposed. Given their life experiences, returning to families is often difficult and sometimes impossible. Without educational opportunities and community support, many run the risk of involvement with drugs and crime.

In line with their mandates for children and refugees, and prompted by their mutual concern to counteract these trends, UNICEF and UNHCR have combined forces to create the Liberian Children's Initiative (LCI) to address the rights and needs of returnee and internally displaced children and adolescents. LCI aims to directly assist an estimated 90,000 returning Liberian children and adolescents to recover from the effects of the war and to reintegrate into their home country. This is being accomplished through the support of educational facilities, child tracing, income generation initiatives and child rights awareness. Implemented by the International Rescue Committee and the Adventist Development and Relief Agency (ADRA), LCI's education programs focus on assisting schools in the five border counties with a high number of returnees, and include teacher training, provision of education materials/sports equipment and school-focused income-generation support. Programs targeting girls and environmental education complement the formal education program. Tracing and integration assistance for unaccompanied children is also supported countrywide. Indirectly, the project will assist an additional 120,000 Liberians living in the areas of return since assistance will not discriminate between returnees and local persons.<sup>23</sup>

## CONCLUSIONS: EDUCATION

- Adolescents affected by armed conflict are receiving insufficient education services due in part to the prioritization of providing education to primary school-aged children and funding education for long-term development, with less attention being directed towards emergency settings.
- Displaced adolescent girls are less represented than displaced adolescent boys in schooling opportunities. Continued efforts are required to ensure equal access, participation and achievement of both adolescent girls and boys in education.
- Education services that are available to adolescents are not necessarily age-appropriate for their needs and do not necessarily take into account other responsibilities or interests adolescents may have, particularly the need to generate a livelihood. Programming for basic education of adolescents is needed, which should involve flexible schedules, participatory methods and curricula which reflect their lives and interests and those of their communities. Good education practices must be sensitive to the social, economic, political, cultural and psychological realities of the adolescent population.
- Education programming for adolescents should be linked to programming in other sectors. The critical role and value of education in protection, health, preparation for livelihood and psychological and social programming needs to be accounted for. Educational programming for adolescents should be designed to enhance the effectiveness of all programming interventions on their behalf. For instance, general education, vocational and skills training and employment generation programs could be linked.
- Additional secondary education opportunities for adolescents are needed, as is the continued provision of tertiary education opportunities for gifted individuals. Those who are prepared for secondary education should not be denied the opportunity to learn.
- Humanitarian assistance providers have found the provision of education services in emergencies to be essential and achievable. Education for adolescents should be fully integrated into education programming efforts at all stages of emergencies, from the onset of an emergency, through to preparation for voluntary repatriation and during reintegration.

## Sector: Livelihood

### INTRODUCTION

Attacking supply lines, raping, massacring, razing villages, destroying farmland and livestock, displacing populations, disrupting herd migrations and trade routes, decimating school systems and potentially creating generations of uneducated people are well-established strategies of armed conflict.<sup>24</sup> Finding ways to survive, in both the short and long term, are critical livelihood<sup>25</sup> dilemmas facing populations affected by armed conflict. In addition to identifying these facts in *Saving Lives and Livelihoods*, author Sue Lautze argues that forcibly displaced persons are the most vulnerable of all disaster-affected (including war-affected) populations, and face the biggest challenges to self-sufficiency. At the same time, however, she identifies children and women as “proactive survivors” rather than helpless victims, although they

are usually grouped together in sweeping generalizations of vulnerable populations.<sup>26</sup>

The economic repercussions of childhoods spent in complex emergencies is little understood, and “family reunification, child-soldier reintegration into communities and cheaper-waged child takeover of adult jobs are burning livelihood issues in these societies.”<sup>27</sup> Although relatively little is known about how children and adolescents promote their livelihood, such issues are vitally important, and their need for support is clear. Adolescents are often forced to sacrifice their schooling for a variety of reasons, including their need to produce economically, take on more responsibility for domestic chores, get married, manage their households and provide care to others. More needs to be understood about how adolescents promote their livelihood and contribute



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*The ten-year conflict between Armenia and Azerbaijan over the territory of Nagorno-Karabakh has left between 500,000 and 1 million persons displaced from their homes. Like these internally displaced adolescent girls in a camp in Barda, Azerbaijan, adolescents affected by armed conflict often sacrifice their opportunity for education in order to take on more domestic chores, manage households, provide care for others and produce economically.*

to that of their communities. In order to survive, help rebuild their lives and re-establish familial support systems, adolescents, among other things, need vocational and life skills training opportunities that are relevant to the realities of their experiences and the needs of their communities.

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*Yesterday I attended a football match which we were sponsoring for IDP adolescents. I watched a mother come down and take her son by the ear in front of everybody and make him leave the game. I found out later that she was angry with him because he was supposed to be selling cigarettes on the street from 8:00 a.m. to 8:00 p.m.*

- Isfandiyar Mamedov, director, art, music, drama and dance center for IDP children and adolescents. In general he believes that "Children should be busy, especially the older ones. They should be involved in something they enjoy."

*When I was in my village, I took the sheep to the fields every morning and didn't come back until late at night. Here, I mostly sit around under the trains in the shade.*

- 17-year-old Zaur, internally displaced in Imishli, Azerbaijan, now living in a railroad car settlement.

Both quotes from *Looking Toward Home, Internally Displaced Adolescents in Azerbaijan*.

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## KEY ISSUES

### Challenges to Adolescent Development

If adolescents fail to gain vocational and life skills, they risk becoming caught in a cycle of dependency, delinquency, aggression and, or depression and hopelessness. They may turn to, or be forced into, military activities or prostitution either because they are in search of basic sustenance, or because they lack sufficient protection to avoid being pressed into such activities. Still other adolescents may have become physically disabled as a result of war, due to landmines or to atrocities committed against them, and may need specialized assistance in order to achieve self-sufficiency.

If adolescents do not have access to resources and, or do not receive training in a viable skill to promote their livelihood, they will be ill-equipped to provide for either themselves or others in exile and will be vulnerable to exploitation and abuse. Their futures, and that of their communities, will be unstable upon returning to their homes, particularly since they will become the first new generation of adults. This is an especially pressing concern for child soldiers, most of whom are adolescents. They may know little of life beyond their military experience and need special care and attention if they are to be fully reintegrated into their old or new communities. Furthermore, adolescents who are in need of psychological and social rehabilitation benefit from vocational and skills training because it helps them increase their sense of identity, self-worth and stability along with their income.<sup>28</sup>

## GAPS AND BARRIERS

### Limited Funding for Adolescent Livelihood Initiatives Despite International Concern

Several international conferences have raised the issue of youth livelihood development,<sup>29</sup> including the International Conference on Population and Development (ICPD, Cairo, September, 1994), the World Summit for Social Development (Copenhagen, March, 1995) and the UN Conference on the Environment and Development (Rio de Janeiro, June, 1992). In each instance, the fundamental interdependence of livelihood, education, health, protection and psychological and social interventions is recognized. The declarations assert a strong commitment to the special needs of adolescents and youth with regard to employment and vocational training. In particular, access to credit and apprenticeships, building a strong relationship between education and livelihood, making the transition from school to work and providing equal opportunities for youth of both sexes have been emphasized.

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*The trouble is we have no work.*

- Burundian refugee youths express their frustration over a lack of opportunities for skills training for income generation.

*A Child's Nightmare: Burundian Children at Risk.*

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Other common themes are the preservation and care of children's and adolescents' human rights, especially their rights to express their views and participate in decision-making concerning their futures, and the need to support adolescents' creativity and resourcefulness. The declarations focus mainly on development, but in principle, the concepts could and should apply to all youth in a variety of situations, such as armed conflict, when communities are pushed to the brink of total disaster and beyond. Participants at the Fourth World Conference on Women also called for the promotion of girls' participation in all levels of society, including the realm of economics, and noted the need to support and collaborate with youth organizations.<sup>30</sup> Furthermore, the Machel Study highlights livelihood issues with regard to child soldiers, psychological and social rehabilitation, education and food security.

Although the international community has articulated a proactive concern for the livelihood of youth,



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*If adolescents do not have access to resources and, or do not receive training in a viable skill to promote their livelihood, they will be ill-equipped to provide for themselves or others in exile or when they return to their homes. War-affected adolescents should have access to livelihood strategies such as income-generation and micro-credit programs, vocational training, apprenticeships and technical skills training. These Afghan refugee boys are participating in skills training in Peshawar, Pakistan.*

including adolescents, donors and service providers tend to fund programs for livelihood as development projects, not as emergency responses. Also, host governments do not always allow the provision of such support during emergencies for fear that such assistance will contribute to creating longer-term refugee situations, flood local markets, decimate local economies and challenge political stability. Thus, there is little funding during emergencies for relatively inexpensive income-generation, micro-credit and vocational skills training programs.<sup>31</sup>

### Poor Adolescent Access to Existing Livelihood Initiatives

There are a variety of strategy ideas for addressing adolescents' livelihood, such as income-generation projects, micro-credit projects and vocational and skills training programs, including apprenticeships. These measures are normally implemented in preparation for voluntary repatriation, as part of reintegration and during long-term refugee situations. Adolescents sometimes participate in income-generation projects provided for adults; however, they are rarely in the majority. Micro-credit projects are provided to adults in a number of areas, but unlike the case of income-generation, adolescents do not often have access to these projects.<sup>32</sup> There are also vocational and skills training programs which target adolescents. These programs tend to be somewhat more expensive than basic education programs and reach only a small number of adolescents. According to an education evaluation it conducted, UNHCR views the provision of vocational and skills training programs as a secondary priority to that of basic education, which reaches mostly young children.

## STRATEGIES

### Livelihood Training With Practice

UNHCR's *Sourcebook for Refugee Skills Training* (1995), which draws upon the experience of groups working to support refugee skills training in order to improve and plan new training projects that will be relevant to refugees, urges designers to think about what happens after training, in terms of how ex-trainees will apply their new skills and what they can expect as a result of their training. The main message is that skills training includes both learning a skill and also practicing it. Consequently, training programs must include both a practice and training phase.<sup>33</sup>

## Building on Adolescent Coping Strategies and Rehabilitating Local Capacities

Initial steps taken to respond to emergency needs clearly have a strong bearing on longer-term livelihood prospects for children and adolescents. Lautze argues for early intervention and for the need to identify children's and adolescents' coping strategies in order to design effective livelihood-related interventions. The Machel Study makes similar assertions and states that emergency relief should seek to rehabilitate local capacities, create employment and income-generation programs and be geared toward self-reliance and self-sufficiency.<sup>34</sup>

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*For older children, especially, effective education will require strong components of training in life-skills and vocational opportunity. Preparing older children to find employment will not only help them survive, but may also facilitate their acceptance at home and provide them with a sense of meaning and identity.*

- *Impact of Armed Conflict on Children study.*

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## Vocational Training and Income-generation

Despite barriers, research shows a clear need for appropriate vocational training for adolescents, in addition to basic education and improved access to income-generation and micro-credit programs. Among other things, "appropriate" vocational training activities are those that lead to employability; there must be a viable market for trained people or else the process of training can lead to more frustration and disillusionment. Trainings may also be designed specifically to meet other needs, such as psychological and social needs, or the community's need for particular trained workers, such as health care providers. This is particularly true of traditional apprenticeships, through which adolescents learn trades that are necessary and important to their communities. Although adolescents are not normally eligible for micro-credit schemes, many, such as those who head households, could benefit from improved access.

## Reintegration of Child Soldiers

Although attention to livelihood support for children and adolescents in emergencies is scant, and spending in this area fairly limited, one area that has captured the attention of donors is the demobilization and reintegration of child soldiers. The Machel Study asserts that successful reintegration and prevention of re-recruitment often depend on the economic security of, and vocational opportunities<sup>35</sup> for, former child combatants, along with their families' economic security. Older former child soldiers, especially, require life skills training and vocational opportunities. Despite the fact that adolescents make up the majority of child soldier populations, livelihood programs implemented in conjunction with demobilization schemes do not always include child soldiers. Those that do have not always assisted girl soldiers equally.<sup>36</sup> Furthermore, many of the programs that offer vocational training opportunities include them only during the demobilization phase, which at times unnecessarily delays returns home and may compromise successful reintegration efforts.

A UNICEF report on child soldiers concludes that programs have not yet fully explored the possibilities for such children to make a positive contribution to the family's and the community's livelihood. It also states that skills training is developed in isolation from the needs of a community's labor market; traditional apprenticeship models<sup>37</sup> are not promoted; and emphasis is often given to formal vocational training where the children are separated from their community. It also highlights the need to conduct labor market studies before developing skills training projects to help ensure employability.<sup>38</sup>

## Adolescents with Special Needs

Adolescents who are victims of landmines and other atrocities may need specialized vocational and skills training due to a disability and may also be in need of prostheses. Children of mine victims who have lost economic opportunities also need special attention.<sup>39</sup>

## NOTEWORTHY INITIATIVES

### Apprenticeships

The Apprenticeship Scheme for Young Afghans (ASYA), implemented by the NGO Solidarité Afghanistan Belgium and funded by the European Union, the government of Belgium and UNHCR, aids young Afghans from internally displaced and refugee

settlements in both Afghanistan and the North West Frontier Province of Pakistan. The project supports the recovery of Afghanistan by encouraging the development of non-formal education, training and the economy through apprenticeships and income-generating activities, skills training and micro-enterprise. Young Afghan refugees have been offered apprenticeships, supplemented by mobile training, in 27 trades, including mechanics, clothing, electricity, handicrafts, leatherwork, metalwork, baking and soap making. The choice of trades was based on the trainees' needs and interests, general knowledge and employment trends. Training periods ranged from six to 17 months. Priority was given to members of vulnerable groups, such as young Afghan males and females who had not attended school or had no source of income, orphans and persons with disabilities. Normally, the age range of participants was 15 to 20 years old, but the participants from the vulnerable groups ranged from 14 to 45 years of age.<sup>40</sup>

#### Apprenticeship and Technical Skills Training

The Pakistan-German Technical Rural Skills Training program, run by Gesellschaft für Technische Zusammenarbeit (GTZ) and funded by the Federal Republic of Germany and UNHCR, gives priority to unskilled, uneducated and jobless Pakistani and Afghan refugee youth. The program began with a resource center-based system in the North Western Frontier Province (NWFP) of Pakistan and later added an apprenticeship system with master craftsmen in villages and refugee settlements. After assessing the needs of the local market, GTZ planned courses in masonry, electrical installation, technical drawing, tailoring and literacy. Courses run for four months, and refugees are trained while producing goods and services. For trainees who complete the training, GTZ organizes workshops in the bazaar for employment and practical experience.<sup>41</sup>

#### Income-Generation and Vocational Training

In the early 1990s, four Malawi resource centers were established by the Norwegian Refugee Council (NRC) and funded by the NRC, the Norwegian Agency for Development Cooperation (NORAD) and UNHCR to support income-generating activities and provide training in vocational skills to Mozambican refugees. They aimed to meet the relief, production and service needs of the refugee-affected Malawi economy. Another center was operational in Mozambique. Females, youth and vulnerable adults,

including those with disabilities, were given priority in the courses, which were taught at the resource centers. Courses included chicken, fish or mushroom farming; tailoring; beekeeping; blacksmithing; wood-carving; pottery; welding; hairdressing; food vending; and bicycle repair. Each course included skills training for managing the business aspect of these activities. After the completion of courses, a "substantial proportion" of those trained used the centers as bases for income-generation activity, and others started individual businesses in the camps.<sup>42</sup>

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*Among other things, "appropriate" vocational training activities are those that lead to employability; there must be a viable market for trained people or else the process of training can lead to more frustration and disillusionment.*

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#### CONCLUSIONS: LIVELIHOOD

- In areas of conflict, there are few livelihood programs (such as income-generation, vocational training and micro-credit), due in part to a tendency on the part of donors to consider funding for such livelihood-related activities as development programming or programming for longer-term displacement situations, as opposed to necessary programming in earlier stages of emergencies. In addition, aid agencies are not necessarily required to provide such services, which are considered secondary priorities. The international community should recognize the building and protection of livelihood strategies for adolescents and adults in emergencies as a crucial component of a humanitarian response and should act to intervene earlier. An earlier response may help prevent adolescents' conscription into military forces, prostitution and other exploitative labor practices.
- Too often, adolescents are seen as helpless, vulnerable victims instead of as "proactive survivors," and their livelihood activities go largely unrecognized and unaddressed. Needs assessments related to livelihoods planning should be situation-based, age-specific and participatory, and should investigate the resourcefulness of adolescents. They should account for and change or improve upon the coping mechanisms they develop during emer-

gencies, within a broad political, economic, social and military context.

- A small but undetermined number of adolescents have access to income-generation programs designed for adults and to vocational training opportunities, but completion of these programs does not always lead to employment. Programming interventions supporting the livelihood of adolescents must, to the extent possible, reflect the needs of the wider community at all phases of emergencies and lead to employability and self-sufficiency.
- Micro-credit opportunities are usually only available to adult heads of household, rather than to

adolescents who have not yet reached the age of majority and who are assumed to be in the care of adults. Possibilities for expanding micro-credit opportunities to adolescents, who are often heads of household, should be further explored.

- Some demobilization programs have not addressed the specific livelihood needs of child soldiers, including girl child soldiers. Improvements in this area are needed, and to the extent possible, such livelihood efforts should not be designed in a way which stigmatizes participants or compromises successful reintegration, but rather fosters their smooth re-entry into their communities.

## Sector: Health

### INTRODUCTION

The costs of armed conflict on adolescents' health and that of their communities are high. According to the World Health Organization (WHO), "Health is a state of complete physical, mental and social well-being and not merely the absence of disease ... healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development."<sup>43</sup> Armed conflict places direct and indirect impediments on the normal phases of physiological, psychological, cognitive, social and moral development of adolescents, making them vulnerable. If this vulnerability is not addressed, its effects are carried to future generations.

Of all the sectors the Women's Commission researched for this study, the health arena revealed the most substantial record of analysis and action for policy and programming on behalf of adolescents affected by armed conflict.<sup>44</sup> From research undertaken by the United Nations Population Fund (UNFPA), determining the scope of the provision of reproductive health care services to refugee adolescents, to the strong collaborative work on the health needs and circumstances of adolescents affected by armed conflict undertaken by UNICEF, UNFPA, WHO and the Reproductive Health for Refugees Consortium, many signs in this sector point to a healthier future for adolescents affected by armed conflict. The challenges, however, remain substantial.

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*Not only is the value of taking action to promote adolescent health being recognized [globally], but so are the multiple and long-term costs of not taking action. Slowly but surely, the questions being posed are less often whether adolescent health should be given attention, and more commonly, what needs to be done and how best to do it.*

*- Coming of Age, from Facts to Action for Adolescent Sexual and Reproductive Health, WHO.*

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### KEY ISSUES

#### Nutrition and Communicable Diseases

When water and sanitation systems are affected by armed conflict, the risk of contracting communicable diseases increases. In flight and during the early influx phase, refugees and internally displaced persons commonly become afflicted with acute respiratory infections, diarrhoeal diseases and dehydration, malaria, measles, typhoid and other infectious diseases. Malnutrition also leads to increased vulnerability to other diseases and ill-health. For example, nutritional status affects the onset of puberty, including menarche in adolescent girls, and other areas of their physical development, such as height and weight. All of these conditions increase the mortality and morbidity rates among young children and unaccompanied minors, who are the most readily infected. Adolescents also suffer from these ailments, but they die in fewer numbers than very young children.<sup>45</sup>

#### Sexual and Reproductive Health

Many war-affected adolescents engage in sexual relationships as they experience puberty and develop sexual identities and as the conflict leads to a breakdown in social controls surrounding sex. They may also become the targets of sexual violence and forced sex (sometimes through forced marriage), including rape and prostitution for survival or as payment for food or assistance.

The risk of sustaining unwanted and potentially dangerous pregnancies and unsafe abortions also increases during armed conflict as adolescent girls are often sexually abused and systematically raped. Although adolescent girls may be able to conceive, they are frequently unable to deliver safely if bone growth is not completed and if they have not reached sufficient height and pelvic size.<sup>46</sup> Girls aged 15-19 are twice as likely to die from childbirth as women in their twenties.<sup>47</sup> In countries where abortion is restricted or illegal, rape victims, who may also face social ostracism, often resort to unsafe abortions, greatly increasing the risk of infertility or even death. Sexually transmitted diseases (STDs), including HIV/AIDS, may also become a major threat to public health during armed conflict, and adolescents are at particularly high risk.<sup>48</sup> The cultural practice of female circumcision, also known as female genital mutilation (FGM), often continues to be carried out in the diffi-

cult conditions of displacement, increasing the health risk to adolescent girls, who are compelled to undergo this already hazardous and potentially very harmful ritual. Thus, although adolescents may share some of the same experiences as adults, their health risks are distinct and often are more dangerous than those of other age groups.

Adolescents, particularly girls, are also less likely to have access to formal school settings, where health information, including reproductive health education, may be available and where their health condition may be more easily monitored. In general, adolescents are less likely than adults to access health services or seek information or assistance.<sup>49</sup> In addition, the scarcity of trained health providers, unsanitary conditions and a lack of resources for dealing with pregnancy-related problems can create a high risk environment for infections and other complications.

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***Reduced access to reproductive health services, including education, increases the vulnerability of adolescents in particular.***

*- Impact of Armed Conflict on Children study.*

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### Environmental Health Impact

Direct attacks on adolescent health come from such things as bombings, landmines and snipers, all of which affect their physical and psychological health. Violence kills, wounds, maims and disables huge numbers of children and adolescents every year. These calamities lead to increased susceptibility to illness, malnutrition and mental health problems. Without prosthetics, hearing aids and other rehabilitative support, disabled children and adolescents may experience great difficulty becoming regular, functioning members of their societies and ultimately in supporting themselves. Those born with disabilities may also experience these problems. In addition to the physical destruction of a community's health infrastructure, including health facilities, medicines, immunization and other programs, the diminished capacity of health personnel to provide health care services deeply affect children and adolescents. Moreover, the psychological and social toll of these experiences on adolescents is enormous.



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*Landmines, bombs and snipers greatly affect the physical and psychological health of war-affected adolescents, such as this Angolan boy. Ten to fifteen million landmines have been placed in Angola — approximately one landmine for every Angolan. More than 70,000 persons have suffered amputations due to landmine explosions, mostly children and women searching for food or firewood. Apart from the obvious physical health needs, handicapped adolescents need psychosocial rehabilitation that includes social, orthopedic, educational and community-based capacity-building programs.*

In addition, children's and adolescents' health is often linked to that of their mothers; as war affects women's health, well-being and livelihood, their ability to provide and care for their children becomes more difficult, and the health of their children suffers. Consequently, adolescents may have to take on adult responsibilities, such as increased care for their younger siblings, due to the stresses placed on their parents, or in the case of unaccompanied minors, because they have been separated from or have lost their parents.

## GAPS AND BARRIERS

### Data Collection and Documentation

The lack of information pertaining to adolescent health and the need to improve data collection and documentation is consistently cited as a barrier to effective programming for adolescents affected by armed conflict.<sup>50</sup> Some also have asserted that despite a dearth of “hard data” on the precise reproductive health status of female refugees, the negative health consequences associated with forced displacement are well documented, and until a few years ago, the global community ignored them.<sup>51</sup> The lack of registration in refugee camps is viewed as partly responsible for the shortage of data, and when registration does occur, it most frequently records the number of children under the age of five, but does not differentiate between adolescents and young adults. Thus, it is extremely difficult for health and other providers to know how many adolescents are in the population, let alone what their specific needs are. Indeed, health programs tend to target women or children, and adolescent needs do not fit neatly into either category. Programs specifically tailored for adolescents or for victims of violence are rare, and the fact that unprotected sex and teenage pregnancies are common in camps is evidence that adolescents need to be targeted by health education and services.<sup>52</sup>

### “Adolescent-friendly” Health Services Lacking

In addition to the barriers mentioned above, once established, there are obstacles to the wider use of reproductive health services by refugee teens. Although adolescents can supposedly access primary health care services, breached confidentiality, hard to reach locations and inconvenient hours of service are all problems they face. Medical staff are ill-trained to counsel adolescents, and social service systems do not pay enough attention to sensitive issues such as rape and illegal abortion.<sup>53</sup> Furthermore, referral networks for adolescent health care have not been widely developed, the quality of refugee reproductive health and medical care is often poor, and programs are rarely fully implemented.<sup>54</sup> Other obstacles to the wider use of reproductive health services by refugee teens include the lack of traditional family support due to refugee status, cultural and religious beliefs, lack of knowledge about where to obtain information and language barriers.

## STRATEGIES

### The Study Group on Programming for Adolescent Health

An important adolescent health initiative is the work of WHO, UNFPA and UNICEF, which jointly convened a Study Group on Programming for Adolescent Health in November 1995. This group highlighted the essential factors and strategies needed to establish, implement and sustain programs for adolescent health; developed a common framework for country programming; and spurred collaborative action between countries, multi- and bi-lateral donors, NGOs, intergovernmental organizations and the private sector to accelerate and strengthen programming for adolescent health, including reproductive health.<sup>55</sup>

### WHO

WHO's Department of Child and Adolescent Health and Development (CAH) strives for “a world in which adolescents are able to acquire the information, build the skills, access the health services and live in the supportive environment they need for their health and development.”<sup>56</sup> To these ends, the department makes recommendations for policy and practice; synthesizes “best” practices; fosters “learning by doing”; and develops methodologies and tools. Among other objectives, CAH seeks to improve the skills, knowledge and capacity of health workers and families for responding more effectively and sensitively to the health and development needs of adolescents and to improve monitoring and evaluation of efforts undertaken on behalf of adolescents.

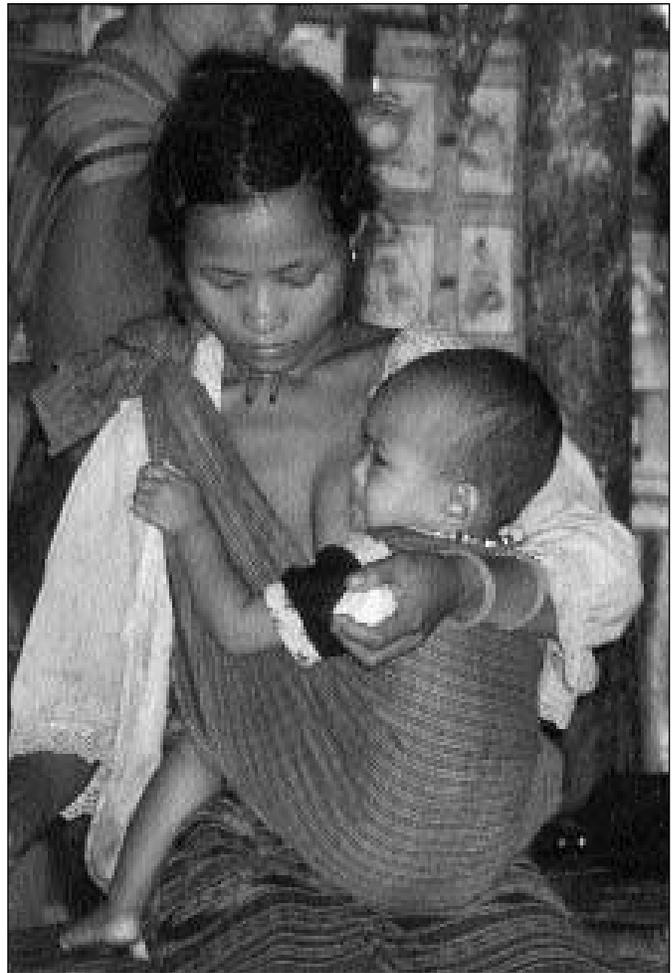
In 1998, with funding from the Joint UN Program of AIDS/HIV (UNAIDS), CAH began a project to develop youth-friendly reproductive health and HIV/STD services for out-of-school youth and refugee youth. It involved a mapping exercise, the documentation of noteworthy initiatives and work to stimulate and support a small number of demonstration projects. CAH's Medical Officer, Dr. Chandra Mouli, described the initial results saying, “As we proceeded implementing the project, we realized there were virtually no ‘noteworthy initiatives’ to document in relation to the provision of health services to refugee youth. So now we are focusing on identifying the health services needs of refugee youth followed by some programming initiatives.”<sup>57</sup> Related to this work, CAH published *Meeting an Urgent and Unmet Need: Making Reproductive Health Services*

*Available and Accessible to Forcibly Displaced Young People.* Among other important conclusions, the report calls for site- and population-specific analysis of young people's reproductive health needs and for efforts to sensitize relief organizations to these needs. It also underlines the need for international cooperation in producing and sharing information on the location and circumstances of forcibly displaced adolescents and states that the responsibility for reproductive health care does not lie within one sector alone.<sup>58</sup>

An Inter-agency Working Group (IAWG) on Reproductive Health in Refugee Situations, coordinated by UNHCR and consisting of representatives from governments, multilateral agencies and NGOs, met for the first time in the summer of 1995 in Geneva. Members agreed to promote reproductive health for refugees (RHR) policies, resolving to accelerate activities in home offices and in the field. At this meeting UNHCR and UNFPA signed a Memorandum of Understanding pledging their collaboration and support for RHR. Recent IAWG meetings have highlighted the need for better data collection and analysis regarding the reproductive health status of refugees. CAH collaborates with UNHCR and members of the IAWG on reproductive health in refugee settings and to consider ways to enhance the delivery of sexual and reproductive health services to forcibly displaced adolescents.

#### UNFPA

Similarly, UNFPA is committed to addressing the reproductive health needs of adolescents, including those in situations of armed conflict, and has engaged in a number of activities on their behalf. In its 1997 annual report, UNFPA states that in that year, 30 UNFPA reproductive health projects in refugee situations were operational in 21 countries, but only four of the projects addressed the reproductive health needs of adolescents. Due to "the paucity of information and projects for adolescents in refugee/displaced situations reported," UNFPA conducted an in-depth review of all existing reproductive health programs designed to meet the needs of adolescents in refugee situations. The findings were documented in *Updated Reproductive Health Care Projects for Adolescents in Refugee Situations*. This report concluded that reproductive health care programs targeted to young refugees should encompass multiple sectors of activity, including safe motherhood, family planning, treatment and prevention of



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*Girls aged 15-19 are twice as likely to die from childbirth as women in their twenties, and in situations of armed conflict, adolescent girls are prime targets for sexual violence. They risk sustaining unwanted and potentially dangerous pregnancies and unsafe abortions and need age- and culturally-specific support and health care. This adolescent refugee from Burma receives supplementary feeding for her child in a Thai clinic.*

STDs/HIV, emergency obstetrical services and protection against sexual and other gender-based violence. The programs should promote effective and appropriate contraceptive services when needed and requested; provide information, counseling and care to adolescents in a confidential, non-judgmental and gender-sensitive manner; be flexible, innovative, culturally appropriate and compatible with the health services of the host country; and actively involve refugee youth in planning, implementing and evaluating programs designed to serve them.<sup>59</sup> The need for adolescent participation in the design, implementation and assessment of reproductive health programs is echoed in the Machel Study, which also emphasizes that such steps will build personal capacity and lead

to more effective and relevant programming on behalf of adolescents in armed conflict.<sup>60</sup>

UNFPA also organized a Technical Meeting on Reproductive Health Services in Crisis Situations in November 1998 as part of “ICPD+5,” a global review of progress in implementing the recommendations of the 1994 International Conference on Population and Development in Cairo. In calling for comprehensive reproductive health services for all (including refugees and other displaced persons), working groups addressed six major themes: minimum reproductive health services in emergencies; sexual violence; adolescent reproductive health; coordination of reproductive health services; information systems; and STDs, including HIV/AIDS. The meeting’s working group on adolescent reproductive health proposed that relief workers look at the adolescent from a holistic perspective and ensure a full range of services and support for him or her. Such an approach, the group felt, could help remove the stigma attached to reproductive health issues. Again, they called for training of local staff and displaced persons to build local capacity and maintain programs. Population surveys, focus groups, monitoring and other tools were suggested for making assessments of reproductive health conditions across sectors, with standardized definitions.<sup>61</sup>

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*In its 1997 annual report, UNFPA states that in that year, 30 UNFPA reproductive health projects in refugee situations were operational in 21 countries, but only four of the projects addressed the reproductive health needs of adolescents.*

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#### Reproductive Health for Refugees Consortium

The Reproductive Health for Refugees (RHR) Consortium, which works to ensure that each woman, man and adolescent in a refugee or refugee-like setting has access to a full range of reproductive health services, urges public and nongovernmental agencies to fund programs or provide assistance to refugees and displaced persons and to institutionalize these services within their routine operations.<sup>62</sup> In 1998, the Consortium published *Refugees and Reproductive Health Care, The Next Step*, offering its views on how best to channel the reproductive health community’s efforts to meet the needs of 40

million refugees and internally displaced persons around the world. In nearly every location assessed in the study, refugees had better access to services than they did four years earlier when the RHR Consortium began its work,<sup>63</sup> and health professionals demonstrated an abiding commitment to the work. However, as corroborated in the UNFPA review, most programs offered only a limited range of services, some barely off the ground or floundering, and all the programs were in need of financial and technical assistance.<sup>64</sup> The Consortium has also noted a lack of reproductive health services for adolescents, and member agencies are beginning to target adolescents in their programming efforts.

#### United Nations Children Fund (UNICEF)

Adolescent concerns are well-developed in UNICEF’s Youth and Health Section, which published *Youth Health for a Change — A UNICEF Notebook on Programming for Young People’s Health and Development* in 1997. This notebook provides a wealth of information on programming principles and lessons learned, concrete programming suggestions and many useful resources and references for further information on existing policy and programming relating to vulnerable youth, including youth affected by war.<sup>65</sup> It highlights the need for planners and policy makers to recognize the special health and development needs and rights of adolescents. These include adolescents’ rapid physical and emotional growth and development, their right to protection from abuse and exploitation and their lack of, but right to, information, skills, protection and access to health, education and other services.<sup>66</sup> In addition, it emphasizes the need to identify the most disadvantaged or vulnerable youth who lack safety and support from their families and communities, including young people affected by war, civil unrest and emergencies. The notebook recommends situation assessment and problem analysis; placing young people at the center of the planning process; and narrative research, drama and focus groups as techniques to involve young people in assessing their health and development needs.<sup>67</sup>

Building on the work which led to *Youth Health for a Change*, UNICEF’s Youth and Health Section focused additional efforts on “Young People in Crisis” (YPIC), including children in their second decade of life who are in situations of war and armed conflict. In October 1997, the Young People in Crisis Inter-regional Programming Group (IPG)

brought together participants from UNICEF headquarters, country and regional offices, UNAIDS, the UN International Drug Control Program (UNDCP), UNFPA, WHO and NGOs. They initiated a two-year process to identify program support resources, lessons learned, principles and priorities for action and case studies for dissemination to fortify consensus about programming approaches. They also developed strategies and programming approaches, including focusing on culturally appropriate information; undertaking situation analysis and establishing good information management systems for monitoring and evaluation; providing youth-friendly services; incorporating youth participation in assessment and programs; and building parental and community participation.<sup>68</sup> YPIC changed to Adolescents in Crisis, with “adolescents in crisis” defined as children aged 10-18 years old whose development, participation, protection and survival are at risk and whose rights are not met by the society. The second IPG meeting held in Brazil in 1998, elaborated further on principles for action with regard to situation assessment and analysis, programming interventions and adolescents’ participation at the global and community levels.<sup>69</sup> Moreover, UNICEF co-developed and participates in the Study Group on Programming for Adolescent Health.

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*The more I work, the more I see  
adolescents are out of the picture.*

- Jean-Claude Legrand, Project Officer,  
Child Protection Section, Program Division, UNICEF

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## UNHCR

In addition to its work with the Consortium, the Interagency Working Group and others, UNHCR supports curricula that contain health education,<sup>70</sup> including for adolescents. It also has a Senior Reproductive Health Officer, whose work includes reproductive health for refugees.

## International Standards and Medical Ethics

Children’s and adolescents’ right to health is guaranteed in many international legal instruments, including the Convention on the Rights of the Child (see Appendix II). Many articles of the CRC pertain to the health and well-being of children and adolescents, including those who are disabled. For exam-

ple, Article 24 calls for “States Parties to recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health.” Article 27 establishes “the right of every child to a standard of living adequate for the child’s physical, mental, spiritual, moral and social development.”<sup>71</sup>

WHO also argues that “health personnel have an important role to play in the establishment of children as a zone of peace and by taking advantage of the zone of peace to complete targeted activities,” including documenting and analyzing the effects of war on children’s health, and they should “acknowledge that the protection of children and their health during war and civil unrest is their responsibility.”<sup>72</sup> WHO also advocates that the International Code of Medical Ethics of the World Medical Association, adopted by the 10th World Medical Assembly in 1956 and amended in 1983, be followed by members of the health profession. These regulations provide a code of medical ethics that is identical in times of armed conflict as in times of peace. Among other things, “in emergencies, the physician must always give the required care impartially and without consideration of sex, race, nationality, religion, political affiliation or any other similar criterion.”<sup>73</sup> While implied, it should be stressed that, given the health needs of adolescents affected by armed conflict that often go unmet, care must be provided without consideration to age.

## NOTEWORTHY INITIATIVES

### Female Adolescent Reproductive Health through Peer Learning and Counseling

The Health Adolescent Refugees Project (HARP) began in August 1997 and is an educational and clinical services program aimed at improving the health of adolescent female refugees or internally displaced young women through health peer learning and peer counseling. The program is implemented by the World Association of Girl Guides and Girl Scouts (WAGGGS) and Family Health International (FHI) in Egypt, Uganda and Zambia. Following rapid needs assessment, WAGGGS trainers and local Ministry of Health health care providers train other trainers, who provide training to refugee women leaders in methods to educate adolescents on development issues, including reproductive health. These adolescents act as peer educators and work with other groups of refugees to promote the use of health ser-

vices. Specific topics include: prevention of STDs; where to obtain appropriate contraception; pre-natal care; and safe delivery. While the project does not establish adolescent clinical services, 900 refugee girls will ultimately benefit from the training over the project's three-year mandate. Through peer education outreach, it is estimated that approximately 22,500 adolescents will be reached.<sup>74</sup>

### Education-Based Health Program, Including Reproductive Health

In Guinea, the International Rescue Committee (IRC) runs a refugee education program, including an adolescent reproductive health component, which serves Liberian and Sierra Leonean refugees, some of whom have been displaced since 1989. This initiative provides an example of an education-based health program, including reproductive health. Refugees may use the health services in the Guinean medical system, and a number of NGOs run community-based reproductive health programs for refugees. IRC's program targets adolescents who cannot or will not use these reproductive health programs. In the dozens of refugee

camp in Guinea, IRC assists refugee communities in starting schools, providing them with construction materials, technical assistance and teacher training. The health education curriculum includes reproductive health topics. In January 1998, the project was functioning in 163 schools with a student enrollment of 60,000. Younger students attend formal health education classes, and older students (5th-12th grade) take part in health education seminars, where they receive sex education. Health clubs, which run after school, work on a variety of health projects, including reproductive health, and are open to the community at large. Peer educators provide information and condoms to young people, and counseling projects assist students with issues of concern to them. Furthermore, IRC programs address female adolescent-specific issues and problems, such as pregnancy and self-esteem through female health clubs, presentations and skits. In 1998, the project produced a *How-to Guide, Reproductive Health in Refugee Situations, Reproductive Health Education for Adolescents*.<sup>75</sup>

### Adolescent HIV/AIDS Prevention

The AIDS Control and Prevention (AIDSCAP) Program created one of the first large-scale early intervention programs for HIV/AIDS prevention and care in a refugee camp. The program was contracted with CARE International in the Benaco refugee camp in Tanzania four months after the Rwandan genocide and subsequent exodus. Adolescents were targeted in the program as they were idle (no secondary schools were available), vulnerable to coercive sex, rape and violence and shielded from reproductive health information due to cultural barriers. The program used sports events with HIV/AIDS messages to reach adolescents, particularly young men, and also sought to integrate income-generation projects as part of the HIV/AIDS prevention campaign.<sup>76</sup>

### Adolescent/Youth Centers

In July 1998, the Women's Commission began funding a project in the Kigoma region of Tanzania to address the reproductive health needs of Congolese (former Zaire) and Burundi adolescent refugees in four of the eight camps in the region. The project is implemented by the International Federation of the Red Cross (IFRC) and the Tanzania Red Cross Society, with assistance from IRC, the African Education Fund (AEF), Africare, African Medical Relief and



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*Adolescents are at a time of life when they are experiencing their emerging sexuality. In addition to being more at risk for sexual violence and exploitation, many are choosing to have sex. Without information on reproductive health care, including sex education, adolescents are at increased risk of contracting STDs, including HIV/AIDS, experiencing unwanted pregnancies and other related health problems. These adolescents are living in the streets of Angola.*

Education Foundation (AMREF), the Family Planning Association of Tanzania (UMATI), Christian Outreach and the Ministry of Health (MOH). Multi-purpose youth-friendly centers are being established in each of the four camps. The centers provide reproductive health counseling services in addition to serving as a general purpose space where youth can hold meetings, participate in recreational activities and access reading materials. Forty refugee youth peer educators (five boys and five girls in each of the four camps) are being trained to provide referrals for reproductive health services, and reproductive health rights education and are responsible for the distribution of condoms and reproductive health and information, education and communication (IEC) materials among their peers. Reproductive health seminars are also held in the youth centers for youth leaders, peer educators, teachers, religious groups, parents, NGOs and service providers to sensitize them to adolescent reproductive health issues and to reduce potential community opposition to reproductive health services for youth. Adolescents also participate in a local Reproductive Health Task Force working on youth-related efforts in the Kigoma region.<sup>77</sup>

#### University Initiatives

Increasingly, universities are collaborating with NGOs to provide better data collection and analysis and to train NGOs in research techniques appropriate to refugee settings. The Refugee Studies Program at Oxford University received a small grant from the RHR Consortium to dedicate an edition of the journal *Refugee Participation Network* to refugee reproductive health issues. Other universities actively involved in refugee work include Columbia University, Johns Hopkins University, London School of Hygiene and Tropical Medicine, University of Amsterdam, University of Essex and Harvard University. There remains a great need for academic focus on refugee health, particularly youth health.<sup>78</sup>

## CONCLUSIONS: HEALTH

- Health is the most developed and coordinated sector of international response to adolescents affected by armed conflict. Efforts in the health arena provide a useful basis for beginning work to meet adolescents' needs in other areas.
- Adolescent-specific work in the health sector has emphasized reproductive health, but few reproductive health programs designed to meet adolescents' needs are actually in place, and more are needed. Often, adolescents have limited to no access to reproductive health services, while they perhaps face the highest risks of the transmission of STDs, including HIV/AIDS, as well as pregnancy-related risks. Adolescent girls are particularly at risk, as sexual violence and gender-based discrimination may keep them out of school or expose them to the potentially harmful traditional practice of female circumcision, also known as female genital mutilation.
- Fewer adolescents and adults die from the effects of communicable diseases and malnutrition in comparison to children, but the focus on under-five child survival has essentially eclipsed needed attention to adolescent health in emergencies. In addition to continuing work on adolescent reproductive health, a greater focus must be placed on adolescents' other health needs, including those of the disabled, about which there is less information.
- Organizations working together to advance the international community's response to adolescent health issues, in particular reproductive health, consistently emphasize the need for the following: appropriate training and sensitization of health personnel, program designers and implementers, including members of the target community, on adolescent reproductive health issues; increased and improved data collection, which recognizes and evaluates the health needs of adolescents using standardized indicators; and culturally-appropriate, adolescent-friendly and participatory approaches.
- While the health sector has shown the most progress in coordinated international work on behalf of adolescents, the gaps in addressing adolescents' health needs provide a sobering perspective of the state of policy and programming for adolescents affected by armed conflict as a whole.

## Sector: Psychological and Social

### INTRODUCTION

The psychological and social, also termed “psychosocial,”<sup>79</sup> effects of armed conflict are part and parcel of an overall health profile. Although psychosocial needs fall within the realm of health, the consequences of armed conflict on the mental health and social relationships of war-affected children are of such concern and special character, they have sparked a distinct response by the international community. Organizations such as UNHCR, UNICEF and the International Save the Children Alliance have devoted significant energy to learning about children’s psychosocial needs, facilitating communication between policy-makers and practitioners and embarking on programming initiatives. The right of children (including adolescents up to age 18) to psychosocial care and rehabilitation is guaranteed in the Convention on the Rights of the Child (Article 39), and the need to systematically introduce psychosocial support into humanitarian relief assistance to enhance the normalization of children’s and adolescents’ lives, rehabilita-

tion and healing is asserted in both WHO’s *Impact of Armed Conflict on Children, A Threat to Public Health*<sup>80</sup> and in UNHCR’s *Refugee Children: Guidelines on Protection and Care*, which devotes an entire chapter to “Psychosocial Well-being.”

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*... adolescents, during or after wars, seldom receive any special attention or assistance. This is a matter of urgent concern.*

- *Impact of Armed Conflict on Children*  
study, on the psychological and social  
consequences of armed conflict on adolescents.

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Although the specific psychosocial effects of war on adolescents have not been completely ignored, neither have they been analyzed in any great detail. Most program sources refer to the general category



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*The impact of armed conflict on adolescents may cause them to exhibit a variety of behaviors: withdrawal and isolation, compliance and pleasing, or anger and rebellion. Without age-appropriate activities to reduce idleness and promote their protection, livelihood, health and education, adolescents’ psychosocial well-being is at risk. Like these internally displaced adolescents in Georgia from Abkhazia, war-affected adolescents need programs that build upon their strengths and resiliency to relieve their personal suffering and help them rebuild their trust in the adult world.*

of *children*, and discuss experiences that adolescents are known to have without necessarily terming them “adolescent experiences.” In this way, there is some coverage of the psychosocial effects of armed conflict on children. Other sources attempt to provide specific profiles of war-related psychosocial effects on adolescents, but it remains questionable whether all or most war-affected adolescents fit these profiles. What is clear, however, is that sexual violence, forced recruitment and combat as child soldiers, economic exploitation and other events common to the experience of war-affected adolescents are among the factors that impact their psychological and social well-being. Since the perception of the problem guides the response, identifying it through too narrow or too wide a lens, or one that is tinted with a particular color, runs the risk of promoting programs that do not precisely fit the real needs or lead to the most desirable results.

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*Before January, I'd never seen someone run over by a car. But now the things I've seen, the blood those people have shed, is too much. I feel like I've entered another world. ... I've seen people get their hands cut off, a ten-year-old girl raped and then die, and so many men and women burned alive in rice husks. ... So many times I just cried inside my heart because I didn't dare cry out loud. I'm so happy to be back with my family. I just want to go back to school and continue my education.*

- Sia, a fourteen-year-old girl who was abducted by rebel fighters in Sierra Leone in January 1999 and released in July. Human Rights Watch release, August 30, 1999.

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## KEY ISSUES

### The Psychosocial Impact of Armed Conflict on Children and Adolescents

One approach to understanding and measuring the psychosocial impact of armed conflict on children and adolescents supposes that the more traumatic events experienced, the more vulnerable the person to psychiatric morbidity, generating psychological disturbances at different levels.<sup>81</sup> Children and their families often endure prolonged physical insecurity,

life-threatening events, multiple losses, torture and family disruptions, which require tremendous survival and coping skills. Refugees may also endure years of camp confinement, a profound sense of loss of control over their lives and a sense that there will be no end to their suffering. Under these circumstances, young people are found to be doubly vulnerable.<sup>82</sup> Some programming efforts have targeted adolescents directly, but thorough evaluations of these efforts appear to be largely non-existent. More information is needed across cultures and conflicts on the range of psychosocial effects, including how age, gender and other factors influence outcomes and what interventions prove most effective in the process of healing.

Measuring the impact of these factors — whether all who experience them suffer negative or other psychosocial effects and whether these effects are consistent in nature — is difficult. Although research is limited, some argue that it is possible to predict an individual's “post-traumatic risk” by considering a number of factors taken together. According to WHO, these factors are:

- pre-trauma personal and sociocultural factors (age, sex, personality type, personal and family history, social setting and organization, political involvement/maturity, cultural interpretation of events, etc.);
- nature of the trauma (some may be more deeply felt than others and have more long-lasting effects);
- length of exposure to the trauma;
- cumulative number of trauma events suffered; and
- immediacy and effectiveness of helping interventions.<sup>83</sup>

### Adolescent Responses to Attacks on Psychosocial Well-Being

Despite a dearth of conclusive evidence, a number of studies have asserted that adolescents exhibit age-specific responses to psychological distress.<sup>84</sup> They claim that adolescents may exhibit behaviors of withdrawal and isolation, compliance and pleasing, or anger and rebellion. There may be a strong determination to demonstrate that they are in control of their own lives and bodies, which leads to extremes in risk-taking behavior and a preoccupation with self.<sup>85</sup> Adolescents are at higher risk of psychosocial dysfunction because they possess more cognitive maturity than younger children. Thus, they are better

able to understand situations, events and their consequences, and it is more difficult for them to adopt fantasy or reenactments as denial or coping strategies, and the impact on their self-confidence and self-esteem is more pronounced. Furthermore, their adult-like behavior and appearance frequently leads them to be neglected by those providing protection and assistance.<sup>86</sup>

### Adolescents with Special Psychosocial Needs

In addition to the psychosocial consequences of armed conflict, gender inequalities affect the physical, social and mental well-being of adolescent girls, especially those who experience sexual violence or rape.<sup>87</sup> Moreover, unaccompanied minors, who are among the most in need of protection and care, are at high risk of developing long-term psychosocial problems. Children starved of physical, visual, auditory and emotional stimuli, which is often the case in refugee camps and centers for unaccompanied children, may fail to thrive and then carry the manifestations of these problems into adult life, thus inhibiting their ability to adapt and integrate into society.<sup>88</sup> The placement of children and adolescents with informal foster families may assist in providing them with some physical and emotional care, but this support will differ from family to family, and those who need special care may not receive it. For example, little is known about the safety and treatment of girls placed

in foster care, who may experience sexual abuse. In addition, institutions for unaccompanied adolescents often fail to meet their age-specific emotional and social needs.<sup>89</sup> Adolescents who have engaged in combat as child soldiers are also in particular need of psychosocial care. Some may be brutalized and forced to commit atrocities, sometimes against their own families or communities. Those who are forcibly recruited often bond with their abductors and may even become enthusiastic combatants. Girls who are abducted may experience long-term sexual violence and forced labor. Others who cannot master the war environment may be fearful, withdrawn, depressed and may have difficulties with social relationships.

### GAPS AND BARRIERS

There are a wide range of beliefs concerning the ways in which children and adolescents experience trauma and what responses are the most effective in addressing their psychosocial well-being. The following describes some of the limitations of using a more rigid Western trauma-based response, which prescribes a different programming intervention than that of a community- and culture-based response.

#### Trauma-Based Responses

Trauma-based responses to address symptoms of Post-Traumatic Stress Disorder have tended to use

#### “Our Children Are Killing Us,” an Excerpt

I had come to northern Uganda to find out what it meant for an entire society to live under the threat of having its children abducted and either killed or turned into killers. ... There are now some quarter of a million child soldiers worldwide serving in militias, such as those in Cambodia and Afghanistan, but Joseph Kony's Lord's Resistance Army is probably the most sinister instance of child-soldiering. It is estimated that as much as eighty percent of his troops are children between the ages of seven and seventeen, who have been stolen from their homes, classrooms, churches and their mothers' sides. ... The goals of the trauma centers are modest, and therefore fairly realizable. Group therapy, game playing, reenactments of life in the bush, traditional dancing, drawing are all designed to teach kids to forget. It is a challenging concept: remembering to forget. And in place of guns, they are given vocational training. Instead of little bush warriors, they looked like an army of recycled apprentice tailors, mechanics and carpenters. But there are thousands of kids who never made it home. ... Many children who did escape never passed through the trauma centers. A counselor at GUSCO told me about a boy who escaped from the LRA and went straight home. Shortly after his return, he was sitting under a tree, and his sister was grinding maize. He got up, hacked her to death with an axe and went back and sat under the tree. ... For every mother who told me, “Our own soldiers are killing our own children,” there was another who said, “Our children are killing us.”

*Elizabeth Rubin, “Our Children Are Killing Us,” The New Yorker, March 25, 1998. Gulu Support for Children Organization (GUSCO) is funded by the Danish branch of Save the Children.*

individualized responses because the trauma is understood to be experienced by individuals in unique ways. Common interventions may include individual or small group counseling and talk therapy, in which adolescents are asked to recount and confront their experiences.<sup>90</sup> Some of the limitations of this approach involve sheer numbers — those needing to be served, counselors and costs. Providing an individual response to a large group of adolescents requires a great deal of qualified personnel, who may be difficult to recruit and who are relatively expensive to employ. Also, in a situation where adolescents may be struggling to rebuild their trust in the adult world, quick interventions involving expatriate staff may not allow time for the establishment of a relationship in which adolescents feel comfortable sharing their thoughts and feelings, nor do they create a lasting structure of adult support beyond the intervention. Furthermore, as this intervention method is Western in origin, its lack of familiarity to adolescents and others in many communities may make it difficult to convince them of its usefulness, or it may contribute to the re-traumatization of the individuals, should they not be ready or used to expressing or revisiting their experiences.<sup>91</sup> In addition, follow-up interventions using this approach are especially difficult as refugee and displaced populations may continue to move.

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*“You get used to it,” Nedim explains.  
“Dead bodies and blood, it becomes  
normal. Maybe sometime you are walking  
and you see there is a lot of blood in front  
of you, but you don’t think about it. You  
think about it like it is water, like rain.  
You just go past.”*

- Scott Anderson, “Bosnia’s Lost Generation,”  
*New York Times Magazine*, September 8, 1996.

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### Community- and Culture-based Responses

Most experts interviewed for this survey contend that childhood and trauma are perceived differently in Western cultures, in comparison to elsewhere in the world, and that much of the international concern about the effects of war on children’s lives stems from a Western notion that assumes children are particularly susceptible to the effects of trauma.<sup>92</sup> For example, in the cultural context of Mozambique,

author Sara Gibbs argues that the child as a victim model is not applicable, as adults view children as strong and as survivors, and children do not see themselves as especially passive or vulnerable. Instead, in the context of war, children actively recreated their roles according to their situation, Gibbs maintains.<sup>93</sup> Understanding children’s and adolescents’ resilience, or ability to cope and positively adapt, then, is as important to promoting long-term healing as understanding the most negative effects on psychosocial well-being.

While children do suffer and should be given assistance, this approach asserts that findings on the negative psychosocial effects of war on young people may be over-generalized and exaggerated. This is largely because clinical workers may only see children suffering from psychological disorders and not the huge numbers who have suffered tremendously but whose mental health and psychosocial functioning have not been significantly impaired. This view maintains that some positive influences on personality, values, personal and moral development, relations and behavior, including empathy, enhanced coping capacities and social maturity, are underreported or simply not documented. Accordingly, establishing a good relationship, promoting common functioning with life tasks, and displaying a caring attitude and concern for the basic material needs of refugees is felt to play a much more beneficial role in the mental health of children and adolescents than utilizing psychotherapeutic skills and other professional knowledge.<sup>94</sup>

### STRATEGIES

#### Building on Family Strengths and Incorporating Community Participation

This study also found a trend toward the belief that programs for children and adolescents should maintain a long-term perspective, which recognizes the importance of strengthening community and family relationships. Thus, in this view, programs that address the psychosocial well-being of children and adolescents should provide opportunities to develop relationships with peers.<sup>95</sup> Community mobilization and community-based programming utilize local resources and initiative and build on a community’s own social networks and involve its members, including adolescents, thus minimizing long-term dependence on outsiders. This shared community vision and involvement is seen as crucial to effective programming.<sup>96</sup> Factors promoting children’s and

adolescents' psychosocial well-being include:

- safety and security;
- sympathetic caregivers;<sup>97</sup>
- familiar routines and tasks (such as school);
- interaction with other children (recreation and sports).

In addition to involving the community in designing and carrying out programs that affect their lives, evaluations should be undertaken as a process of redefining needs and objectives, not merely as a report to donors.<sup>98</sup>

### Building on the Resilience of Adolescents

The resiliency and coping mechanisms of adolescents, as well as that of their communities, are also seen by many practitioners as important strengths that should be drawn upon to inform psychosocial programming efforts. Segregating children for specialized treatment

and encouraging them to recall traumatic moments may tear down their defenses and undermine active coping. Instead, a more effective and appropriate strategy of healing is promoted by helping war-affected children build upon their own strengths and resilience in collaboration with trusted care-givers.<sup>99</sup> One way of doing this is by promoting normal family and everyday life and helping adolescents rebuild trust in others, re-establish self-esteem and develop a positive sense of identity.<sup>100</sup> A community mobilization strategy, some argue then, should be based on the belief that communities, however grief-stricken, contain the resources to heal themselves.<sup>101</sup> Moreover, some approaches to cycles of hatred and violence being transferred across generations utilize interventions that enhance resiliency. Through these interventions, policy-makers, programmers and practitioners discover the transmission of hope across generations, as well as resources for renewal and regeneration and alternate means of resolving conflict.<sup>102</sup> Interventions must be careful to balance the needs of the majority of the children with those of a smaller number of high-risk and potentially "high-gain" children, who require more individualized therapeutic attention.<sup>103</sup>

### Understanding and Utilizing Local Culture and Realities

Many practitioners agree that the psychological and social needs of children and adolescents recovering from war must be addressed according to the local situation, by adopting a community-based approach that encourages self-help and builds on local culture, realities and perceptions of child development.<sup>104</sup> Interventions should also utilize and incorporate traditional healing practices.<sup>105</sup> Programs can provide opportunities for adolescents to develop self-sufficiency and a sense of dignity, including economic opportunities that are tied to the local economy and the development of life skills.<sup>106</sup> Programs can also incorporate the intellectual and emotional stimulation that adolescents require for development, including using their strengths as peer leaders or community activists. All existing social, political and economic resources should be utilized to enhance traditional coping mechanisms.<sup>107</sup>

### Tracing and Reunification

One of the single most traumatic events suffered by children and adolescents is their separation from or loss of family members. Identifying family members or unaccompanied children and adolescents during



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*Peer support is essential to the psychosocial well-being of adolescents affected by armed conflict, and this strength can be used to form community youth centers in order to support and help others. These are Kosovar adolescent refugees in Albania in 1999.*

situations of displacement and reunifying them is paramount to promoting the psychological and social well-being of these young people.

## NOTEWORTHY INITIATIVES

### Adolescents as Community Youth Promoters

One example of a community-based project addressing the psychosocial problems of adolescents and helping to rebuild communities took place in the Ixil area of Guatemala after its emergence from decades of internal armed conflict and mass displacement. Before initiating any programs, a UNICEF program officer organized focus groups with community resource people and collected quantitative and qualitative data, particularly through eliciting oral histories, including those of adolescents. As a result, project workers identified the communities' most vulnerable groups: village teenagers who had experienced the worst period of the war, and younger children who were not in school. The youth, aged 13-17, not only witnessed the horrors of armed conflict first-hand, but also often suffered displacement, persecution, forced recruitment and deprivation of basic needs, such as schooling and recreation.

The teens, however, showed remarkable and imaginative strengths and coping strategies that could be used for their and the entire communities' healing. Teenagers were recruited and trained as community youth promoters (CYPs), focusing on rehabilitation services that fostered psychological healing and support in organizing activities for younger children and families. Clear goals were set: to improve the quality of life and educational opportunities for teenagers; to increase school enrollment and improve development opportunities for younger children; and to rebuild their communities' cultural identity, members' self-esteem and the capacity for self-management. In all, the project encompassed 64 villages and 350 CYPs.

In order to accomplish these goals, CYPs worked with younger out-of-school children to develop their learning skills, organize recreation and solve problems that prevented school attendance; helped parents increase their participation in children's activities, assess their children's learning capacity, strengthen demand for schooling and create new schools where needed; solved their peer group's problems concerning working conditions, education opportunities and self-worth; reconstructed the history of the Ixil area to help inhabitants heal through reclaiming personal and collective

identities; and participated in training workshops every five weeks to evaluate and improve skills and performance. CYPs also addressed their psychosocial well-being by sharing their individual thoughts and feelings as well as participating in activities such as role-playing, drawing, drama and puppet acting.

Among the Ixiles, school attendance shot up. While none of the CYPs were in school when the project began, 40 percent began attending either primary or secondary grades. The remainder became involved in a variety of vocational and non-formal education programs. Moreover, self-image among the teenagers improved, and the community and village leaders sought their help. Cultural identity strengthened, as the collection of oral histories and traditional legends spurred some CYPs to learn to read and write in their own language, even though Ixil had been used traditionally only for oral communication.<sup>108</sup>

### A Child-to-Child Approach

Another example of adolescents and young adults taking a lead in their community to foster healing and create the basis for peaceful lives comes from Southern Negros, which has been a strife-torn province of the Philippines since the communist rebellion began in 1968. Upon returning home, many formerly displaced children were suffering from severe trauma, and the psychotherapy center in Davao City was too expensive and involved separating children from their homes. The community decided that the best atmosphere for meeting the needs of young children was a school, where they could play, socialize and maintain a sense of normalcy amidst their dislocation. The Kapatiran (meaning "brotherhood" in the local language) schools were set up to reflect a cultural feature of the Philippines, whereby older children take on adult roles. As parents were too busy providing for their families to operate the schools, young people (aged 15-22) were taught to become community-based child trainers. The preschool covered not only play therapy but also basic literacy and health education, including early child value formation; basic health care; disaster preparedness; child literacy; rights of children; and peace-making. Communities had an active role in running the schools, and selected the children who attended the Kapatiran schools as well as the teenagers who served as trainers. The child trainers were able to develop individual strategies for the children, gaining life skills and respect in the community. And the schoolchildren have shown progress, becoming less aggressive and experiencing new hope.<sup>109</sup>

## Community- and Culture-Based Psychosocial Programming for Child Soldiers and Children of War

The Christian Children's Fund (CCF) and UNICEF oversaw the demobilization, rehabilitation and psychosocial treatment of child soldiers in Angola. A preliminary study revealed that of the more than 9,000 children being demobilized, 91 percent were recruited by force and had serious psychological and social scars. Given the cultural context, CCF favored a community-based approach that utilized the local traditions and encompassed work with the families and communities of former child soldiers as well as the local leadership. There were three phases to the project: preparation, which included community sensitization; reentry and reunion, during which children were demobilized and reunited with their families; and reintegration, which included follow-up visits by *activistas*. During the reentry and reunion phases, CCF worked with local chiefs and healers to assess what was needed for a successful transition from soldier to civilian.

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*In the past decade, an estimated two million children have been killed in armed conflict. Three times as many have been seriously injured or permanently disabled, many of them maimed by landmines. Countless others have been forced to witness or even take part in horrifying acts of violence.*

- *Impact of Armed Conflict on Children study.*

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The Christian Children's Fund has also employed the use of a Mobile War Trauma Team (MWTT) in an effort to heal the psychological scars of armed conflict on young people in urban and rural areas of Angola. The primary goal of the MWTT is to train adults to work with children in children's institutions, street centers and camps for displaced persons. In training seminars, the necessity of understanding the cultural context of trauma and employing a community-based holistic approach is emphasized. The all-Angolan core team of the MWTT employs a culturally sensitive and collaborative approach by adapting Western methods to the Angolan context and using indigenous methods of healing to assist the children.<sup>110</sup>

## Adolescent Leadership Opportunities Provide Psychosocial Healing

The Children and War (CAW) project, run by Save the Children from 1989 to 1994, addressed the problems of refugee and internally displaced children from Mozambique in Mozambique, Malawi and Zimbabwe who were traumatized by war and separated from their parents. The project had two components: family reunification and after-school programs. Adolescents were incorporated into the project in two ways: as *activistas* who facilitated dance, music, sports and other activities for younger children and acted as mentors; and as participants in skills training. Furthermore, about 200 youth, aged 14-29, learned carpentry, masonry, metalwork, tailoring and other trades. This apprenticeship training was preferred over center-run courses, as a more cost-effective and efficient way of enabling trainees to use their skills.

Save the Children found that involving adolescents in constructive activities improved their self-esteem, helped their psychological and social adjustment from the trauma of war, eased the process of relocation and prepared them to be more productive citizens upon their return. Actively involving adolescents in the design of education and skills training projects helped to meet the participation needs and desires of adolescents, while also allowing them to tap into their abilities to help their communities.<sup>111</sup>

## CONCLUSIONS: PSYCHOSOCIAL

- Experts disagree on which factors most influence psychological and social outcomes in war-affected adolescents, and little information is available about the specific psychological and social consequences of war on adolescents. At the same time, there is evidence that generalizations in these areas cannot necessarily be made across populations and conflicts.
- Additional research is needed to identify and understand the factors affecting the psychosocial well-being of war-affected adolescents and patterns in adolescent outcomes in order to inform appropriate responses, including prevention efforts. Among other components, differences in age, gender and the meanings different cultures attach to various war-related experiences must be taken into account when conducting such research or designing and implementing psychosocial programs on behalf of adolescents.

- Programs that support and promote adolescents' protection, livelihood, health and education also have strong psychosocial benefits. Programmers need to recognize the potential psychosocial benefits to adolescents within all of the programs they create and work to maximize these benefits. Programs for adolescents are especially needed which help them relieve their personal suffering, rebuild trust in the adult world and offer them alternatives to continued violence in their societies.
- Many experts agree that the following elements are essential to psychosocial programming on behalf of war-affected adolescents: tracing and family reunification; building on the strengths, resiliency and constructive coping mechanisms of the community, including those of adolescents themselves; taking adolescents' cultural context into account; combining Western methods of healing with traditional practices, such as healing rituals; focusing on prevention; providing educational and recreational opportunities as soon as possible in emergency responses.
- While donors tend to fund psychosocial programs that reflect Western, trauma-based intervention models, funding is needed for more community-based interventions, which may ultimately benefit more people in need. A balance needs to be struck between meeting the needs of the few, through more individualized responses, and those of the many, through more generalized responses. In particular, responses to rape and other forms of sexual violence require thoughtful interventions that place a priority on utilizing appropriate community involvement that relates to the cultural context. Donors should be willing to fund programs that combine Western approaches and traditional practices, and these programs should be thoroughly evaluated.

## Sector: Protection

### INTRODUCTION

States are fundamentally responsible for the protection of their citizens. If States are unwilling or unable to provide protection, and individuals and families are forced to flee their homes to another country, the international community has a responsibility to ensure their protection in accordance with international refugee and human rights law. Although theoretically internally displaced persons are entitled to the same protection as other citizens of their country under international human rights law, and in times of civil conflict under international humanitarian law, there are still serious gaps in their protection. No instrument exists specifically to uphold their rights, and state sovereignty presents an enormous barrier to international protection. Under Article 38 of the CRC, States must ensure protection and care of children affected by armed conflict as they are obligated under international humanitarian law. The CRC straddles international humanitarian and human rights law, and because of its near universal ratification it is the most promising instrument for addressing the protection of both refugee and IDP children.

International protection involves ensuring the gamut of human rights — civil, political, social, economic and cultural. Actions to uphold protection, therefore, range from ensuring that countries of asylum do not practice *refoulement* (expelling or returning people fleeing their homes to the territories they are escaping from) and preventing arbitrary arrest and detention, to guaranteeing adequate humanitarian assistance. Amid the wide horizon of related protection concerns, a number of pressing adolescent protection issues are addressed here. The protection problems adolescents face represent some of the most horrible consequences of armed conflict and present some of the most urgent challenges to ensuring human rights and building stable, peaceful societies. Adolescents are more likely than younger children to be mistreated or neglected as child soldiers and to suffer gender-based violence and exploitation. They also face great risks as internally displaced persons, separated and orphaned children, as heads of households and in detention while seeking asylum. These issues are discussed below.

### KEY ISSUES

#### Child/Adolescent Soldiers

The recruitment and use of child soldiers is a major adolescent protection concern, one that has been receiving growing attention.<sup>112</sup> As documented by the Coalition to Stop the Use of Child Soldiers, of the more than 300,000 children estimated to be fighting or otherwise participating in armed conflicts around the world, the majority are over 15 years of age, but significant recruitment starts at age ten. Although even younger children are employed as soldiers, they are in the minority. The most vulnerable to recruitment are those who have experienced a general breakdown in their social and economic circumstances and are separated from their families. With little protection from traditional family and community support structures and in search of sustenance, displaced adolescents may be easily coerced or enticed into military service. Refugee camps, where potentially sizeable groups of adolescents reside,



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*At least 300,000 girls and boys are currently taking part in hostilities around the world. The majority are between the ages of 15-18. Hundreds of thousands more are enrolled in governmental armed forces or armed opposition groups and made to fight at any moment. While many are lawfully recruited, others are kidnapped, press-ganged or in one way or another coerced to join, including 9,000 children in Angola. Demobilization and reintegration programs for child soldiers, like these Angolan child soldiers, should include livelihood promotion, psychosocial support and family tracing and reunification.*

often with little to keep them occupied, may serve as easy recruitment grounds for armed groups, especially those close to active conflict areas.

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*The army was a nightmare. We suffered greatly from the cruel treatment we received. We were constantly beaten, mostly for no reason at all, just to keep us in a state of terror. I still have a scar on my lip and sharp pains in my stomach from being brutally kicked by the older soldiers. The food was scarce, and they made us walk with heavy loads, much too heavy for our small and malnourished bodies. They forced me to learn how to fight the enemy, in a war that I didn't understand why was being fought.*

- Emilio, recruited by the Guatemalan army at age 14. Testimony given at a Congressional briefing on child soldiers, printed in *Stop the Use of Child Soldiers! The Voices of Child Soldiers.*

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Child soldiers serve in both government and opposition forces, but girls tend to serve in rebel forces more often than in government forces. Both boys and girls may be sent to the front lines of combat, used for suicide missions (e.g., going into minefields ahead of older troops), or forced to commit atrocities against their own family and neighbors. Because of their inexperience and lack of training, child soldiers suffer far higher casualty rates than adult soldiers. Those who survive may be permanently disabled or bear psychological scars from being forced to both commit and witness horrific atrocities. Others serve as porters or cooks, guards, messengers or spies. Child soldiers may be raped or, in the case of girls, given to military commanders as sexual slaves, and they are more susceptible to malnutrition, respiratory and skin infections, as well as sexually transmitted diseases, including HIV/AIDS. As some children are being used to support military efforts, all children may come under suspicion in war-affected communities and may be subjected to rights violations, including detention, preemptive recruitment, interrogation or even death. International humanitarian and human rights law currently set 15 as the minimum age for military recruitment and participation. The national laws of most countries, however, set 18 or above as the minimum age for recruitment and participation.<sup>113</sup>

## Gender-Based Violence and Exploitation

Among refugees, internally displaced and other war-affected populations, adolescent girls and women are the primary targets of gender-based violence. This violence may be sexual, including rape, which is used to torture and degrade victims in armed conflict situations, and is now considered a war crime punishable under international law. Perpetrators may be combatants; family members; other war-affected adolescents and adults, including teachers and fellow students; local authorities; peacekeepers; aid workers; and others. The health consequences of sexual violence and exploitation are STDs; unwanted pregnancy, often leading to potentially dangerous pregnancies or unsafe abortion; and physical and mental trauma, leading to excess morbidity and mortality.<sup>114</sup> Boys and men also suffer sexual violence, but in fewer numbers, and less is known about the extent of the violence. However, it is known that boys and men are at times forced to carry out sexual violence against family members, including each other, daughters, mothers and sisters.

Girls and boys are also trafficked for sexual and other purposes in situations of armed conflict, but relatively little is known or done about adolescents' susceptibility in times of war. Efforts to address this ignominious practice are not described within the limitations of this review, but the issue requires greatly increased attention. At the same time, it is important to note that some much-needed collaborative efforts are underway involving United Nations agencies, governments, the International Organization for Migration (IOM), nongovernmental organizations, war-affected communities and others to better understand the nature and extent of the problem, as well as stem it.

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*One 40-year-old ethnic Albanian refugee father handed his 13-year-old daughter to the Kosovo Liberation Army after she was raped "so she can do to the Serbs what they have done to us. She will probably be killed, but that would be for the best," the father said. "She would have no future anyway after what they did to her."*

- Carol Williams, "In Kosovo, Rape Seen as Awful as Death," *Los Angeles Times*, May 27, 1999.

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## Internally Displaced Adolescents

Like refugees, internally displaced persons (IDPs) fear persecution and have been forced to flee their homes. However, unlike refugees, who have crossed an international border in the process of fleeing, IDPs either cannot or do not wish to cross an international border. Thus, they are displaced within the borders of their own country. Legally, they fall under the sovereign jurisdiction of their own government, even though that government may not be able or willing to protect them and may even treat them as an “alien and threatening group.”<sup>115</sup> Although it is difficult to determine the global number of internally displaced persons, there are an estimated 30 million IDPs living in some 40 countries worldwide.<sup>116</sup> Children and adolescents make up at least half of this number.<sup>117</sup>

A characteristic that unites a large proportion of the world’s internally displaced people is the acute physical, material, legal and psychological insecurity in their lives. IDPs generally find themselves in more difficult and dangerous circumstances than refugees, are less likely to come to the attention of the international community and thus, are less likely to receive protection and humanitarian assistance.<sup>118</sup> Indeed, IDPs have been termed “the single largest at-risk population in the world,” and within this population, children and adolescents endure great suffering.<sup>119</sup> Ongoing armed conflict making the delivery of outside assistance difficult to impossible and the fact that no single international agency is tasked with the protection and care of IDPs are among the key reasons why international attention to the plight of IDPs is limited.

Due to lack of shelter, IDPs are often congregated in camps, squatter settlements, church compounds, warehouses or abandoned buildings. Child malnutrition rates have been as high as 70 percent in some situations of displacement.<sup>120</sup> Internally displaced persons are also exposed to direct physical threats to their security and welfare throughout the process of flight and displacement. For example, camps and settlements for displaced persons have been the target of attacks by warring parties in a number of countries, and adolescents are subjected to sexual violence, injury and dismemberment, family separation, forced conscription and other abuses, including sale into slavery. Escaping such attacks, for example on foot or on overcrowded trains

with inadequate sanitation and scarce food and water, large numbers of displaced persons have sometimes not even survived the journey to their intended destination.<sup>121</sup>

## Unaccompanied or Separated and Orphaned Minors

In the chaos of war many adolescents are separated from their parents or other caregivers and uprooted from their social and cultural contexts. Without a protective family or community structure, these children and adolescents are extremely vulnerable to emotional trauma, neglect, violence, exploitation,



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*Without the care of their families or other adults, unaccompanied adolescents are at increased risk of military recruitment, sexual violence, economic exploitation, delinquency, and psychosocial and other problems. Like younger children, unaccompanied adolescents need to be accounted for through age-specific data collection and family tracing efforts and included as recipients of targeted assistance. Unaccompanied Vietnamese adolescents at the Pulau Bidong refugee camp in Malaysia, 1983.*

### Focus: Refugee Resettlement

Less than 2% of the world's refugees have an opportunity to be permanently resettled in a so-called third country, such as the United States or Canada. Yet, those who do, face the enormous challenge of starting over — adjusting to life in a new country, confronting language barriers, new customs, family separations and the ongoing difficulty of putting the scars of war behind them.

Although the topic of resettlement of refugee adolescents is not dealt with in detail in this review, it should be understood that adolescents who resettle with their families or on their own have pressing needs for protection, readjustment and rehabilitation as they recover from their displacement and start life anew. Governmental and nongovernmental organizations charged with resettling adolescents have provided programs to address their specific concerns, and some studies have been done with regard to the specific problems they face. However, more needs to be learned and done about these adolescents' needs, identifying and carrying out effective interventions.

communicable diseases and malnutrition.<sup>122</sup> As the least likely group to be able to care for or protect themselves, WHO asserts that unaccompanied minors (UAMs) are the “group most likely to suffer long-term effects” of conflict. Caring for them is made especially difficult, as each child has different needs depending on his or her past experiences, age, present circumstances, expectations and particular problems.<sup>123</sup> It is just as crucial for adolescents not to be separated from their families, which provide material and emotional support, as it is for younger children. This is particularly true for several reasons: adolescent girls' particular vulnerability to sexual abuse; the lack of access to education and health care for boy and girl adolescents; and their experiences of trauma and other psychological and social problems, which may include a desire for vengeance and aggression leading to delinquency, the use of drugs or alcohol and prostitution.<sup>124</sup>

### Child/Adolescent Heads of Household

Among the thousands of children and adolescents who face the challenges of life alone after losing their parents and guardians to armed conflict and, increasingly, to AIDS, are those now living in what have come to be known as “child-headed households” (CHHs). With limited or no help from relatives or friends, children in CHHs struggle to stay together as a family of siblings. They are among the poorest and most marginalized in their communities and are in need of targeted attention to ensure their protection, health, livelihood and psychological well-being. This situation is particularly common in Rwanda, where some 60,000 CHHs exist, representing more than 300,000 children.<sup>125</sup> Studies of the population reveal that three out of four of these heads of household are girls, and that the age of the CHHs in Rwanda ranges from 10 to 18. Thus, in huge numbers, adolescents are called to assume the responsibilities of adults to ensure their own welfare and that of their brothers and sisters.

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*When my parents died, I ceased to be a child. I had to picture another way of life, I had to take responsibility. When you have someone you can depend on, every problem you have is addressed to them. But when you don't have parents, you must face each problem as it comes, and you mature. Through this suffering, I became an adult.*

- Twenty-one-year-old Jeanette Musigimana, Rwanda.

*Sometimes I feel that there is no one to take care of my sisters and brother, and that is why I do it. I care for them; I find food for them; I find money for school fees; I find clothing; I cultivate the land. I do all this by myself. It has become a much larger problem than I had imagined. I feel sometimes that there are certain things that an adult knows that are above my thinking.*

- Peperetue Nyandwi, 18, Rwanda.

Both quotes from *No Home Without Foundation: A Portrait of Child-headed Households in Rwanda*, March 1997.

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## Adolescent Asylum Seekers and Detainees

Article 40 of the Convention of the Rights of the Child states that children in conflict with the law have the right to treatment that promotes the child's sense of dignity and worth, takes the child's age into account and aims at his or her reintegration into society. The child is entitled to basic guarantees, including care, guidance and supervision; counseling; probation; foster care; education and vocational training programs; and other alternatives to institutional care, as well as legal or other assistance for his or her defense. It also advocates that judicial proceedings and institutional placements be avoided wherever possible. However, adolescents in the criminal justice system often suffer greatly, as they are simultaneously denied many of the rights and considerations extended to children in civil law and also lack the full rights of an adult in the criminal justice system.<sup>126</sup> Furthermore, the needs of detained adolescents often exceed the support available, including psychosocial, education and recreation, vocational training and health.<sup>127</sup>

Adolescent asylum seekers, including those fleeing forced conscription into armed units, face unique challenges in pursuing their asylum claims, including, in many countries, being placed in the untenable situation of having to meet the same procedural, evidentiary and legal standards as adults. In addition to having to navigate complex asylum systems, some countries detain children and adolescent asylum seekers in shelter care facilities or juvenile correctional facilities. Juvenile correctional facilities are especially inappropriate for children and adolescent asylum seekers because they may be commingled with criminal offenders. In addition, these prison-like facilities generally lack expertise in providing the culturally appropriate services necessary to meet the legal, emotional and developmental needs of adolescents fleeing from persecution.

## GAPS AND BARRIERS

### Child/Adolescent Soldiers

In addition to prevention, sources identify demobilization and reintegration of child soldiers as a priority but point out current difficulties in carrying out these activities. As the Coalition to Stop the Use of Child Soldiers describes, despite a number of efforts to demobilize child soldiers, few are demobilized during armed conflict, and most are usually required to wait until after peace accords are signed.<sup>128</sup> At the same time they are rarely acknowledged in peace

### International Standards

The rights of unaccompanied children and adolescents are articulated in the Convention on the Rights of the Child. Article 22 of the CRC ensures the right of unaccompanied children to receive appropriate protection and humanitarian assistance, including the right to family tracing in order to reunify children with their parents or family. In the case where no family can be found, the Convention sets forth the standard that the child must be accorded the same protection as any child deprived of a family environment. Article 24 declares that States Parties should cooperate in efforts to protect and assist unaccompanied children to trace their family members in order to reunify the child with his or her family.

accords, and few ever participate in formal demobilization programs. The Coalition states, "As armed forces may be ashamed of their use of children, or else fearful of the political consequences of admitting to the practice, frequently attempts are made to hide the fact that children have been serving as soldiers. Underage soldiers are often left behind in camps or encouraged to return home without going through a formal demobilization procedure."<sup>129</sup>

In 1998, UNICEF documented "lessons learned" from its experiences in preventing child and adolescent recruitment and their demobilization and reintegration.<sup>130</sup> UNICEF found a number of potential "best practices," but in general concluded that the prevention of child recruitment has not yet been integrated into country programming. The report asserted that no demobilization programs have been successful at involving the majority of child soldiers. Insufficient data collection on demobilizing children hampers program monitoring and evaluations, and a lack of needs assessments contributes to programming on assumptions rather than actual findings. It also noted that government programs tend to ignore the existence of girl soldiers, pointing to the need to prioritize systematic attention to this population.<sup>131</sup> Other studies have echoed these gaps, as well as the lack of resources for more comprehensive community assistance; insufficient planning with respect to subsequent employment opportunities; and overall lack of political will to recognize and meet the needs of former child soldiers and other war-affected children.<sup>132</sup>

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*When I carried things the bandits pushed me and everyone else to go faster. I was always hungry and tired and my feet kept swelling. I didn't have anything to wear except a sack. ... I was afraid of the bandits, and I kept going. I saw the bandits beating and killing people who couldn't keep up. ... I saw the bandits carve unborn babies out of pregnant women's bodies. ... I was raped by many different bandits as I went from base to base. ... I was too afraid to escape.*

- A 16-year-old girl forced to porter for Renamo in Mozambique. *Children of Mozambique: The Cost of Survival*, February 1991.

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### Gender-Based Violence and Exploitation

Despite international law, protection of girls and boys against gender-based violence is urgently needed. Sources revealed that victims of sexual violence are becoming younger and younger, which is thought to be linked to perpetrators' fears of contracting HIV/AIDS. Inadequate provision of food, health care and shelter also leads to protection problems for women and girls, who may be forced to exchange sex for assistance from males. Furthermore, consultation and involvement of women and children regarding the design and implementation of programs to benefit them, their families and communities is critical to the prevention of sexual violence. Few interventions are made with adolescent boys who may have been forced, or have chosen, to commit acts of sexual violence, in order to prevent further violence and address the consequences of such violence in their lives and in the wider community. Similarly, boys and men in the general population are not targeted in efforts to promote and ensure the prevention of sexual violence and exploitation. Most acts of sexual violence and exploitation go unpunished. More information and follow-up is also needed on the extent and nature of sexual violence and exploitation committed against adolescent and younger boys.

A number of conventions and declarations, national laws and regional agreements prohibit the sexual exploitation of children and adolescents. However, these acts continue to take place, largely with impunity. Enormous vigilance must be maintained,

particularly in the area of protection and care, where clear guidelines are established to facilitate prevention of sexual violence and exploitation.<sup>133</sup>

### Internally Displaced Adolescents

Despite a growing interest in the situation of internally displaced persons, many of the humanitarian issues associated with their plight remain to be resolved, including through international law. There is a general lack of facts and figures about those who are internally displaced.<sup>134</sup> While a few notable books have been published on the subject of IDPs that reference children, surprisingly few field-based studies of this problem have been undertaken, particularly pertaining to adolescents. Moreover, UNHCR can only act to help IDPs at the request of the UN Secretary-General or a principal organ of the United Nations, and with the consent of the government of the country involved. It is therefore not easy to draw any definitive conclusions about the dynamics of adolescent internal displacement. What is clear, however, is that in attempting to avoid the issue of state sovereignty, the international community has concentrated on the provision of emergency assistance to internally displaced and war-affected populations at the expense of their physical security and wider protection needs.

Studies all point to the same barriers and gaps in programming for adolescent IDPs: lack of data, statistics and knowledge; deficient protection; insufficient rapid response; scarce programming and funding support for durable solutions to IDP crises; and lack of informal, flexible and safe education opportunities, health education programs and income generating/skills training opportunities.<sup>135</sup> Furthermore, the few studies undertaken as to the psychosocial well-being of IDP adolescents have found that few escape trauma and that they are likely to display a group reaction of protective aggressiveness, delinquent behavior, mistrustfulness, hostility and destructiveness.<sup>136</sup>

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*More than half of the estimated 57.4 million people displaced by war around the world — refugees, internally displaced persons, asylum seekers and others — are children, and millions of those children have been separated from their families.*

- *Impact of Armed Conflict on Children* study.

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### International Standards

Articles 38.2 and 38.3 of the Convention on the Rights of the Child provide that States Parties shall take all feasible measures to ensure that children under 15 years of age are neither recruited into the armed forces nor have a direct part in hostilities. In this case, the forced recruitment of child soldiers, who are primarily adolescents, is potentially abetted by the establishment of the age of recruitment at 15 and not at 18, the age of majority in most countries and that established by the CRC. Failure to limit recruitment to those who are 18 years old or older has dramatic and devastating effects on adolescent populations and their communities.

### Unaccompanied or Separated and Orphaned Minors

Unaccompanied adolescents, particularly those between the ages of fifteen and eighteen, are frequently excluded from assistance targeted for unaccompanied children.<sup>137</sup> Adolescent and youth-specific programs that contribute to their protection are lacking, particularly in the areas of formal education and vocational training, both of which are essential for youth reintegration and society development and rehabilitation.<sup>138</sup> There is a dearth of coordination between agencies working to reunite children and adolescents with their families and a lack of data and statistical breakdown pertaining to the age and sex of unaccompanied minors at some refugee camps.<sup>139</sup>

### Child/Adolescent-Headed Households

A report found that 95 percent of children in child/adolescent-headed households in Rwanda have no access to health care or education; are frequently exploited and abused sexually, not only by their own community but even by relatives; have little in the way of basic household or agricultural necessities; and are frequently denied inheritance rights that can deprive them of property that their parents left behind, including land and houses. The population also lacks the skills that will help them to earn decent livelihoods.<sup>140</sup> The population was found to be devastated by a sense of powerlessness and feelings of being forgotten by the rest of the world. These children and adolescents were found to be traumatized, alone, lacking trust in the

society that has failed to support and protect them and were experiencing profound hopelessness. The report also found that girls living in CHHs are especially vulnerable to abuse, exploitation and forced sex, either through rape or for money. Girls were found to have no automatic inheritance rights and were especially at risk of having their family lands taken from them.<sup>141</sup>

### Adolescent Asylum Seekers and Detainees

While most countries would agree that detaining child and adolescent asylum seekers is not in the youngsters' "best interests" given the lasting impact it may have on their education and psychological development, there are many barriers to releasing them. In July 1999, NGOs voiced their concerns on this subject to the Standing Committee of UNHCR's Executive Committee in Geneva. They stated that while some countries do provide for the release of children in detention, procedures for doing so are obstructive and give little meaning to such provisions. They asserted that at times, there is a conflict of interest in the appointment of a legal guardian or advisor to an unaccompanied minor when the detaining authority is also responsible for legal guardianship.<sup>142</sup> There are also growing concerns over the exclusion from asylum procedures of children and adolescents who are suspected of having committed war crimes.

## STRATEGIES

### Actions to Stem the Use of Child/Adolescent Soldiers

Research has concluded that the demobilization, rehabilitation and reintegration of child soldiers entail efforts that must go beyond the mere surrendering of weapons. Reunification with family, strong protection measures and a community-based approach to promoting the livelihood of ex-child soldiers all contribute to the prevention of re-recruitment or a rise in delinquency and prostitution.<sup>143</sup> Above all, adolescents, families and communities need to be supported holistically. Peace treaties and programs should provide a broad framework for action, putting into place comprehensive measures to strengthen local capacities and make optimal use of local resources, including traditional rituals for healing and acceptance, and apprenticeships and informal skills training within families.<sup>144</sup> The promotion of adolescents' livelihood assists in thwarting cycles of violence and encourages the economic development of their societies.



*Not only are adolescent girls prime targets for sexual violence in situations of armed conflict, but their responsibility for daily tasks in refugee situations, including collecting firewood and retrieving drinking water, puts them at risk for further attacks as they venture away from their dwellings. These Miskito adolescent refugees fled their homes in Nicaragua to Honduras as a result of fighting between Sandinistas and Contras in 1982.*

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*[It was] extremely difficult trying to get accurate information ... [and] it was more difficult with adolescents because we [UNICEF] tend to neglect the complexity of the issue.*

- Jean-Claude Legrand, Project Officer, Child Protection Section, Program Division, UNICEF, on UNICEF's lessons learned report on preventing child and adolescent recruitment, and their demobilization and reintegration.

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Other efforts have focused on awareness raising and standard setting, and have emphasized adolescents as the main group of children vulnerable to recruitment, underlining their need for viable alternatives. One such effort was the Symposium on the Prevention of Recruitment of Children into the Armed Forces and Demobilization and Social Reintegration of Child Soldiers in Africa, held in Cape Town, South Africa in 1997. The participants adopted the "Cape Town Principles of Best Practice" to prevent child (under 18) recruitment and to promote the demobilization and reintegration of children. They also drafted a Plan of Action for ending the use of child soldiers. In addition, an international Coalition to Stop the Use of Child Soldiers, launched in June 1998 by non-governmental organizations,<sup>145</sup> aims for the adoption of and adherence to an Optional Protocol<sup>146</sup> to the CRC prohibiting the military recruitment and use in hostilities of any person younger than 18 years of age and the recognition and enforcement of this standard by all parties to a conflict. The Coalition engages in public and private lobbying efforts to influence the position of governments, researches recruitment practices and procedures and disseminates information to mobilize the public. It stresses the need to ensure not only appropriate international legal standards but also to create alternatives for adolescents and children to recruitment and participation. The Coalition encourages targeted demobilization, rehabilitation and reintegration activities for child soldiers, has advocated for the formation of national coalitions<sup>147</sup> and has planned regional conferences to raise awareness and mobilize support.<sup>148</sup>

#### Efforts to End Gender-Based Exploitation and Violence

The study identified numerous measures to protect girls from sexual violence, including: getting girls safely to school; involving them in micro-enterprise activities; providing gender sensitivity training for girls and boys; offering safe-motherhood instruction and care; and ensuring there are acceptable economic alternatives to prostitution. Furthermore, international agencies tasked with the protection and care of refugee children, adolescents and adults have adopted guidelines for the protection and care of children and adolescents, which address this issue, including UNHCR's *Sexual Violence Against Refugees, Guidelines on Prevention and Response* and *Refugee Children: Guidelines on Protection and Care*.

Although many NGOs working in the field conduct assessments on gender-based violence and exploitation and undertake rescue missions to deliver children from commercial sexual exploitation, few support services have been developed to cope with the overwhelming needs of the affected adolescents, which include health, psychological and trauma support, livelihood and skills training, reintegration back into their communities, and overcoming the stigma and lack of understanding facing them.<sup>149</sup>

### Protection of Internally Displaced Children and Adolescents

In 1992, the United Nations Secretary-General appointed a Representative on Internally Displaced Persons to study the causes and consequences of internal displacement, the status of the internally displaced in international law, the extent of the coverage accorded them within existing international institutional arrangements and ways in which their protection and assistance could be improved. In 1998, the representative, Dr. Francis Deng, submitted the *Guiding Principles on Internal Displacement*, which address the specific needs of internally displaced persons throughout the world by identifying their rights during displacement, return or resettlement and reintegration. Principles 4, 11, 13, 17 and 23 articulate the special attention and treatment afforded to the protection and assistance needs of displaced children and adolescents, unaccompanied children and female heads of households. In particular, Principle 13 prohibits displaced children from being recruited into or taking part in hostilities and principle 23 states that education and training facilities should be made available to IDPs, especially adolescents.<sup>150</sup> In addition, many studies and resources advocate that work on behalf of IDP children surmount issues of national sovereignty, focus on family and community capacity-building, and in the absence of official or international assistance, support local religious, human rights, youth and women's groups that have taken the lead in mobilizing support for internally displaced children and adolescents.<sup>151</sup>

### Protection of Unaccompanied or Separated and Orphaned Minors

There have been a number of conferences and meetings in recent years to address the protection and assistance problems pertaining to unaccompanied minors, including the 1994 Bellagio Conference on the protection and care of unaccompanied minors

affected by armed conflict;<sup>152</sup> the 1997 Bellagio Conference, which focused on the care and assistance of unaccompanied minors during repatriation and reintegration;<sup>153</sup> and the 1997 interagency meeting on keeping children with families in emergencies.<sup>154</sup> In Bellagio, experts recommended the term "separated and orphaned children" be used in lieu of "unaccompanied children" as a more accurate representation of their circumstances.

These conferences and other reports have pointed out that when children and adolescents are separated or orphaned during or after a conflict, they lose their entire social infrastructure, including their security, stability, safety and family/community roots. Consequently, social reconstruction must accompany physical reconstruction after a conflict. In order for this to succeed, family tracing and the reunification of separated children must begin during the emergency phase of a conflict, or as soon thereafter as possible.<sup>155</sup> A number of studies document the lack of care, protection and assistance given to unaccompanied adolescents. These studies call for improved coordination and information sharing to determine variations in how unaccompanied minors are identified and cared for and to improve management and service delivery to this population.<sup>156</sup> In addition, UNHCR and the International Save the Children Alliance have collaborated on the Separated Children in Europe Program, which has made tangible progress in protecting separated children through promoting a common set of best practices for unaccompanied children and mobilizing an NGO network to work on their behalf.

Research cautions against placing unaccompanied children in institutions, where they are unlikely to receive age-specific emotional, social and physical attention.<sup>157</sup> Instead, most studies advocate for care by relatives, friends or foster families, where children and adolescents are more likely to receive the emotional support necessary for normal psychosocial development: nurturing, guidance, personal attention and love.<sup>158</sup> Paramount to ensuring the success of intervention programs on behalf of unaccompanied minors is the need to build upon traditional coping mechanisms within communities.<sup>159</sup> One suggestion for the care of unaccompanied children is to involve older children in the care of younger children, which is culturally common in both African and Asian families. Child-to-child care promotes a sense of well-being, builds the responsibility and coping strategies of children and has been found to have a beneficial

effect on the management of psychological disturbances as well as disease.<sup>160</sup> Furthermore, adolescents should be involved in the decisions concerning their emergency and interim care as much as possible.<sup>161</sup>

In addition, UNHCR and the International Save the Children Alliance have collaborated on the Separated Children in Europe Programme, which has made tangible progress in protecting separated children through promoting a common set of best practices for unaccompanied children and mobilizing an NGO network to work on their behalf.

#### Awareness Raising Regarding the Existence of Child/Adolescent-Headed Households

Women's Commission research found few specific strategies related to meeting the needs of child/adolescent heads of households. However, among the recommendations in the World Vision report, "Child-Headed Households In Rwanda," is the need to sensitize the community to the problems of child-headed households, leading to the mobilization of community resources and support on their behalf; support in livelihood strategies, such as food production, education, skills training and income-generating; and access to legal protections.

#### Guidelines for the Protection of Adolescent Asylum Seekers and Detainees

Both Canada and the US have issued *Guidelines for Children's Asylum Claims*, stressing the importance of child-friendly interviews and hearings, the need for children to have a trusted adult help them through the asylum process, and the fact that some human rights abuses are specific to children and adolescents has been recognized.

UNHCR issued *UNHCR Guidelines on Detention of Asylum-Seekers* in January 1996, which addresses the detention of juveniles and emphasizes the need to utilize alternatives to detention whenever viable. In order to bring the guidelines more in line with international jurisprudence and legal thinking, UNHCR revised the guidelines in early 1999 and issued *UNHCR's Guidelines on Applicable Criteria and Standards Relating to the Detention of Asylum Seekers*. Guideline 6 articulates the principle that minors who are asylum seekers, including unaccompanied minors, should not be detained, and article 8 asserts that adolescent girls are particularly at risk, and need special services, while detained. Guideline 6 also asserts that detention should be a last resort for

children, and while detained (for the shortest period of time) children have the right to an education, recreation and play.

#### The NGO Group on the Convention on the Rights of the Child

The NGO Group on the Convention on the Rights of the Child<sup>162</sup> has a sub-group on Refugee Children and Children in Armed Conflict, based in Geneva, which has focused on adolescent protection concerns. Among other things, it has highlighted to UNHCR the need to make a clear distinction between concerns affecting refugee children as compared to refugee adolescents and to identify in its reporting specific actions and programs developed to address their distinct concerns. It has also focused attention on stopping the use of child soldiers.

## NOTEWORTHY INITIATIVES

### Addressing Gender-based Violence

In July 1998, Human Rights Watch's report *Sierra Leone: Sowing Terror* documented mass gender-based violence committed by Revolutionary United Front/Armed Forces Revolutionary Council (RUF/AFRC) forces inside Sierra Leone, including by adolescent boys, against women and adolescent girls, including rape and gang rape, mutilation, abduction and sexual slavery. Furthermore, from July to October 1998, UNHCR reported 171 cases of sexual abuse against refugee women and girls in Guinea — it is suspected that there are many more undocumented cases — which were targeted at the young. The International Rescue Committee (IRC) addresses gender-based violence against Sierra Leonean and Liberian refugees in young women's social clubs in high schools in Guinea and through formalized workshops, health "talks," and drama and song in Health Clubs. These activities include both adolescent boys and girls. However, in response to mounting evidence of continued gender-based violence, in 1998 IRC undertook an initiative as part of the program "Prevention and Response to Sexual Violence Against Women and Adolescent Girls in Sub-Saharan Africa," originally sponsored by the UN Foundation through UNHCR. The IRC program supports the establishment of effective community-based prevention systems and develops a multi-sectoral response, including preventing sexual violence and providing health, protection, emotional/psychological and social/economic services to victims. Between October

1998 and May 1999, IRC conducted needs assessments during site visits to 30 refugee camps. The assessments included individual interviews with refugees, UNHCR, NGOs and Guinean health authorities; meetings with women's groups, which are heavily populated with adolescent girls; focus groups consisting of five men and five women; and social worker knowledge and attitudes exams. The program will be running by October 1999, and its work will include targeting adolescents. IRC reports that interest, enthusiasm and attendance is very high among men, women, boys and girls.<sup>163</sup>

## Child Soldiers

### *Rädda Barnen: A Comprehensive Campaign*

Rädda Barnen (Swedish Save the Children) has campaigned against the use of child soldiers for many years, and child soldiers are one of the basic target groups its program activities are devoted to reaching. In 1995, Rädda Barnen launched a new project on child soldiers with four components: a newsletter; a documentation database referencing information on child soldiers; a fact database on child soldiers containing numbers, ages, relevant forces, and other information; and the formation of an international network of

organizations and individuals concerned with the issue of child soldiers. In December 1997, Rädda Barnen launched a project to demobilize, rehabilitate and reintegrate child soldiers in southern Sudan. Several hundred youngsters were to be formally demobilized in two centers, which were also to serve as transit facilities during the demobilization process and provide psychosocial support services. On their return home, the children were to be provided with kits that include school stationery, mosquito nets and soap. Community workers and teachers have received training in preparation for the children's return and subsequent follow-up and monitoring of their adjustment within their communities. The project also seeks to prevent further military recruitment of children by engaging local commanders and community leaders in dialogue and by issuing identity cards to schoolchildren.<sup>164</sup>

### *Demobilization and Reintegration in Liberia*

At various stages in the fighting in Liberia, attempts have been made to demobilize and reintegrate child soldiers through a War-Affected Youth Support Project. Following the signing of a treaty in 1995, which neglected to provide for the rehabilitation of child soldiers, United Nations agencies and international NGOs coordinated a response. UNICEF has

#### A Child's Pledge to Work For Peace

Even though the war was going on in Liberia, my friends and I were trying to play a bit, kicking a ball around outside. Suddenly, we heard gunshots and children screaming. I saw many children being loaded into a truck by rebel fighters. I ran for my life as they chased after me. Running for your life is very different from regular running, and I just kept going. I ultimately lost them when I ran for miles into the tall, sharp grass, which cut my body all over. I lay in that grass for two days, not moving, bleeding, with bugs crawling all over me. I pledged to myself then, that if I survived, I would dedicate my life to working for peace.

Also during the war, I was separated from my parents. I was at my grandmother's with my younger brother and sister when fighting cut off the roads back to Monrovia where our parents were. My grandmother was sick, and the fighters stole all of our belongings. I was 11 years old, and with only one pair of undershorts and a blanket, I searched for food for my younger brother and sister for a solid year, day after day.

After these experiences, when I was asked by my school to participate in a pilot project run by the Christian Health Association of Liberia (CHAL), Liberia's oldest indigenous NGO, to involve adolescents in peer mediation, I jumped at the chance. Since then, the program has grown and has reached more than 2,000 adolescents in Liberia, including ex-combatants, many of whom I have worked with directly also through trauma counseling. I believe it is possible for 85-90 percent of all ex-child combatants in Liberia to be demobilized and reintegrated. It ultimately takes resources, including the involvement of young people and the community and a focus on what these adolescents most need — someone to listen to them and show them a real path to returning to society.

*Women's Commission interview with L. Randolph Carter, now 20 years old, New York, NY, April 6, 1999.*

provided a broad framework for reintegration involving cooperation with other UN agencies, local and national NGOs and members of civil society. The reintegration program serves as a “best practice” example, according to UNICEF, as it involves both ex-child soldiers and other war-affected children. The program promotes reintegration through counseling and vocational and literacy training. A Children’s Assistance Program (CAP) lasts three months and training with the Liberia Industrialization Opportunity Center may span from six months to two years. Some trauma counseling is provided, relying mostly on Western methods, but also attempting to integrate traditional ways of healing. Other organizations provide shelter, business advice and start-up loans, health counseling and artificial limbs to participants.<sup>165</sup>

## CONCLUSIONS: PROTECTION

- The phenomenon of child soldiers is primarily an *adolescent* protection issue. The root causes of adolescent recruitment, either forcible or for lack of better alternatives, must be addressed. One solution is education, a key preventive and rehabilitative tool for the protection of children and adolescents from recruitment. Prevention, demobilization and reintegration of child soldiers require an acknowledgment of the existence of girl and boy soldiers and their deliberate incorporation into targeted programs. These adolescents need family tracing and reunification as younger children do, along with livelihood promotion through skills and vocational training, psychosocial support, opportunities to participate in planning and implementing their demobilization and the involvement of their communities and peers in promoting their well-being. Demobilization and reintegration programs do not currently reach sufficient numbers of ex-child soldiers and much work is needed to identify and replicate “best practices.”
- Children and adolescents make up at least half of the estimated 20-30 million internally displaced persons in some 40 countries, who are not the responsibility of any one international humanitarian assistance agency and have limited to no access to international protection and care. Exposed to the ongoing conflict and isolated from care, adolescent IDPs are often at greater risk than refugee adolescents of sexual violence, forced recruitment, illness and neglect. Little of the information available on IDPs focuses on the plight of children and adolescents, and more attention to their situation is critically needed. Significant efforts are needed

through coordinated international response to overcome the obstacle of national sovereignty, along with the risks of providing assistance during ongoing armed conflict.

- Without the care of their families or other adults, unaccompanied adolescents are at increased risk of military recruitment, sexual violence, economic exploitation, delinquency, emotional malaise and other problems. Yet studies show that these unaccompanied adolescents are at times unrecognized or unaccounted for and are not included as recipients of assistance targeted to Unaccompanied Minors (UAMs). A lack of data and statistical breakdown of UAMs by age and gender contributes to their invisibility.
- Thousands of adolescents who have lost or become separated from their parents and family are now heads of households. With little recognition or support, they are responsible for their own welfare and that of their siblings. Available research focuses on the plight of 60,000 child heads of household in Rwanda, who are exploited, sexually abused, denied inheritance rights to land and property, and have little access to health care and education. Ensuring a means to a livelihood for adolescent heads of household and addressing their psychological and social needs are priorities for their protection and well-being and for that of their siblings.
- Adolescents seeking asylum or being detained in the criminal justice system suffer greatly, as they are simultaneously denied many of the rights and considerations extended to children in civil law and also lack the full rights of an adult in the criminal justice system. Child- and adolescent-friendly and culturally sensitive services — legal, counseling and other — are needed.
- Adolescent girls are primary targets of gender-based violence, including sexual violence and rape. Adolescent boys may be the perpetrators of such violence, but they may also be the victims, although little is known about the extent of this violence. Age- and gender-specific programming is needed to meet the health and psychosocial needs of adolescent victims of gender-based violence. Protection measures, such as the utilization of UNHCR’s *Sexual Violence Against Refugees, Guidelines on Prevention and Response*, are urgently needed. Survivors of sexual violence seeking to reintegrate into society also require targeted livelihood and skills training opportunities.

# FOUNDATIONS FOR ACTION

## INTRODUCTION

This section examines opportunities for improvement in meeting the needs of adolescents in armed conflict using a variety of resources, or foundations for action. One such opportunity comes through the use of international legal instruments, which are designed to provide protection and assistance for children and adolescents affected by armed conflict. Other opportunities involve institutions that provide resources to war-affected communities. The vast majority of international funding made available for the protection and care of refugee, internally displaced and returnee children and adolescents comes from major governmental donors, and also from foundations and international aid organizations. For example, governmental agencies channel their funds through United Nations agencies and related institutions, and also collaborate bilaterally with NGOs working in these arenas.

In speaking with representatives of governmental donor agencies about policies and programs targeting adolescents affected by armed conflict, the Women's Commission heard a consensus opinion: although some program initiatives *do* exist that address the needs of adolescents, they are few, and do not represent a systematic, broad-based donor commitment. Adolescent needs are currently only dealt with on an *ad hoc* basis. In spite of this, the Women's Commission did find a real concern and enthusiasm for doing more and discovered burgeoning efforts to identify who adolescents are, what needs they have, the ways in which some of these needs are being met and how adolescents could be better served. Although there is an acknowledgement that the international community, particularly government agencies and international aid organizations, is only at the beginning of much needed efforts related to adolescent programming and policy development, significant discussion is underway and represents an opportunity for improvement.

## INTERNATIONAL STANDARDS

The ratification of both the Charter of the United Nations (October 24, 1945) and the Universal Declaration of Human Rights (December 10, 1948) by a majority of States Parties has led to a flowering of international legal instruments, which proclaim and stand to protect the rights of human beings.<sup>166</sup>

This body of instruments and the standards they set specifically for the protection and assistance of children and adolescents affected by armed conflict are summarized in a number of resources. Only a few of the key instruments will be highlighted here, as many of these resources are listed in the annotated bibliography (Appendix I) and in the *Summary of International Treaties to Protect Children in Armed Conflict* provided by the NGO Committee on UNICEF's Sub-Working Group on Children in Armed Conflict (Appendix II).

### Convention on the Rights of the Child

The CRC came into force in 1990 and quickly became the most widely ratified human rights treaty in history, with only two States — Somalia and the United States of America — having failed to ratify it. The CRC brings together and builds upon previously existing human rights and humanitarian law, calling for the protection of and assistance to children and further recognizing their distinct legal personality. As stressed by the Committee on the Rights of the Child (A/49/41), which was created to assist in the implementation of the CRC (Art. 43), the Convention recognizes rights that apply both during peacetime and war. Article 1 of the CRC identifies a "child" as "every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier." Thus, all references within the CRC to "the child" or "children" encompass individuals in this wide range of ages, including adolescents. However, depending upon how States choose to interpret the provisions, the assistance and protection opportunities for adolescents may ultimately be limited. Under Article 1, the door is open for States to set the age of majority below 18.

The CRC articulates the rights to protection of the family environment; essential care and assistance; access to health, food and education; the prohibition of torture, abuse or neglect; the prohibition of the death penalty; the protection of the child's cultural environment; the right to a name and nationality; and the need for protection in situations of deprivation of liberty. It also internationalizes the "best interests" standard in Article 3, which, with regard to armed conflict, has mostly been used to decide the fate of children who are separated or without a parent or normal guardian. Moreover, it not only affirms that the best interests of individual children

are to be considered in making decisions that concern them, but also holds that the best interests of groups of children are equally important. The CRC obligates States to ensure to the maximum extent possible the survival and development of the child (Art. 6), protect and care for children during armed conflict (Art.38, para. 4) and provide access to, and the provision of, humanitarian assistance and relief, including psychosocial, physical and social recovery, to children during armed conflict (Art. 39).

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The CRC laid the groundwork for the study *Impact of Armed Conflict on Children* (The Machel Study), and has also been a strong source of momentum for intergovernmental and nongovernmental organizations, donors, academic institutions and others to engage in discussion and work on behalf of children and adolescents affected by armed conflict. Among other things, it provides the framework for “rights-based” programming efforts for refugee, internally displaced and returnee children and adolescents. The Machel study and the Special Representative for Children and Armed Conflict call for greater implementation of the CRC. Were the CRC to be fully implemented by States Parties, great strides would be made toward the fulfillment of the rights of children, including the protection and assistance of adolescent refugees, internally displaced persons and returnees. Continued efforts on the part of the Committee on the Rights of the Child to monitor States’ implementation of the provisions of the CRC are paramount. All parties to armed conflict, whether signatories of the CRC or not, should be pressed to abide by the provisions of the CRC and other applicable international law pertaining to children and adolescents.<sup>167</sup>

## Other International Instruments

In addition to the CRC, the Geneva Conventions of 1949 and their Additional Protocols contain some 25 articles specifically pertaining to the protection and assistance of children and adolescents. The Conventions establish the minimum rules binding on all parties in internal armed conflict situations and state that people taking no active part in the conflict must be treated humanely. In particular, Common Article 3 of the Geneva Conventions, from which there can be no derogation, protects all civilians in internal conflicts. According to the *Summary of International Treaties to Protect Children in Armed Conflict*, the Fourth Convention is specifically designed to protect children and civilians in times of war. Additional Protocols I and II, adopted in 1977, also deal with the participation of children in hostilities. Protocol II, which applies to internal armed conflicts, reiterates the fundamental guarantees laid out in Common Article 3 and adds a range of additional requirements, including several provisions that relate to the protection of children.

There are many national as well as multilateral resolutions and laws that have an impact on international legal systems pertaining to children in armed conflict situations, including the adolescents among them. For example, the Organization of African Unity’s Resolution on the Plight of African Children in Situations of Armed Conflicts (1996) exhorts all African countries to keep children out of war situations and to refrain from recruiting children under the age of 18; urges all parties to release child soldiers and take the necessary steps, including education and training, to rehabilitate and reintegrate them into society; reaffirms that the use of children in armed conflicts should constitute a war crime; and recommends the establishment of zones and corridors of peace to protect and assist children. Furthermore, Articles 22 and 23 of the African Charter on the Rights and Welfare of the Child (1990) deal specifically with the protection and assistance rights of children in armed conflicts, refugee children and internally displaced children. Resolution B4-1078 of the European Parliament (1998) rejects the use of child soldiers in armed conflict and asserts the Parliament’s belief that an additional protocol to the CRC should be adopted, banning the recruitment and participation of children under 18. Toward this end, it urges countries to adopt such laws, calls upon the European Union to support international initiatives and instructs the European Commission to direct resources toward demobilizing

and reintegrating child combatants. Similarly, House Resolution 4103 of the United States Congress (1998) emphasizes that refugee and orphaned children are especially vulnerable to recruitment into an armed conflict, deplores the use of child soldiers, supports their immediate demobilization and urges the President and Secretary of State not to block efforts to establish 18 as the minimum age for participation in conflict through the Optional Protocol to the CRC.

There have also been a number of international conferences whose declarations serve as a means of strengthening and reinforcing international standards and have addressed the needs of children, including adolescents, in armed conflict. These include:

- The Beijing Declaration and Platform for Action of the Fourth World Conference on Women (1995) — addresses the plight of young girls, adolescents and women affected by armed conflict.
- The Youth Platform for Action of the Fourth World Conference on Women (1995) — makes adolescent-specific recommendations with respect to education; livelihood; and violence against girls and women in armed conflict situations.
- World Declaration on the Survival, Protection and Development of Children of the World Summit for Children (1990) — sets a 10-year agenda for improving the well-being of children, including the protection of refugee children, children affected by armed conflict and unaccompanied children.
- The Convention on the Elimination of All Forms of Discrimination Against Women (1979) — affirms gender-based violence as a form of discrimination against women and girls.
- The International Conference on Population and Development (1994) — highlights the special livelihood, participation, health and education needs of youth and adopts several resolutions establishing a commitment to the health, well-being and livelihood of adolescents.
- The Copenhagen Declaration on Social Development and Programme of Action of the World Summit for Social Development (1995) — notes the education and livelihood concerns of youth, and commits participants to employment creation, with special attention to the problems of disadvantaged groups and individuals such as youth.
- The Declaration and Agenda for Action of the World Congress Against Commercial Sexual Exploitation of Children (1996) — recognizes armed conflict as a factor contributing to sexual exploitation and commits the international community to the elimination of the commercial sexual exploitation of children.
- The Vienna Declaration and Programme of Action of the World Conference on Human Rights (1993) — urges that national and international mechanisms and programs be strengthened for the protection of children in armed conflict; calls for international cooperation in addressing the problems of children in especially difficult circumstances; advocates for measures to protect and assist children in war zones; and emphasizes the need for rehabilitation of children traumatized by war.
- The World Declaration on the Survival, Protection and Development of Children (1990) — commits world leaders to alleviating the suffering of children, including suffering caused by conflict and war.

#### Special Representative for Children and Armed Conflict

On December 12, 1996, in response to the recommendations of the Machel Study, the United Nations General Assembly adopted resolution 51/77, which recommended the Secretary-General appoint a Special Representative for Children and Armed Conflict for a period of three years. The overarching task of the Special Representative, Mr. Olara A. Otunnu, who was appointed in September 1997, is to keep children high on the international community's agenda. In his first annual report to the General Assembly, he stated that his role is to spearhead efforts "by all concerned parties — from Governments to the United Nations system to civil society organizations to private citizens" to seriously and systematically "address the abominations being committed against children in the context of armed conflict." He seeks "to combine normative, political and humanitarian strategies in efforts to promote prevention, protection and rehabilitation for the benefit of children."

The Special Representative has endeavored to protect children through public advocacy, promotion of concrete initiatives in the midst of conflicts and by mobilizing concerted responses to post-conflict needs. He has worked on specific themes, including the participation of children in armed conflict; taking norms and values seriously; rape and sexual abuse in the context of armed conflict; mine awareness and reha-

bilitation of child victims; displaced children; the impact of small arms on children; the impact of sanctions on children; and incorporating standards into United Nations operations. During his visits to the Federal Republic of Yugoslavia (Kosovo), Colombia, Liberia, Sierra Leone, Sri Lanka, Burundi, Rwanda and the Sudan,<sup>168</sup> the Special Representative assessed the situation of children and obtained commitments for child protection from parties to the conflict.<sup>169</sup> He has also facilitated coordinated actions by local and international actors to improve the protection and welfare of children, made strides in keeping the effects of armed conflict on children on the minds of decision-makers and has elicited support for children from the United Nations Security Council.<sup>170</sup>

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*Adolescents would benefit greatly from the explicit analysis of and advocacy on behalf of their particular situations and needs by the Special Representative in all of his endeavors on behalf of children affected by armed conflict.*

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Thus far, adolescents have not emerged as a specific focus of the Office of the Special Representative, although many of the Special Representative's priority themes are issues of particular concern to adolescents affected by armed conflict. These adolescents would benefit greatly from the explicit analysis of and advocacy on behalf of their particular situations and needs by the Special Representative in all of his endeavors on behalf of children affected by armed conflict.

An informal advisory group composed of representatives of United Nations agencies<sup>171</sup> has been established to advise the Special Representative on programmatic activities and the coordination of action with key partners. The group has begun to meet more regularly and has the potential to improve the coordination of efforts. The Special Representative has regularly stated the need to closely coordinate his efforts with those primarily responsible for making a concrete difference in the lives of children affected by armed conflict on the ground.<sup>172</sup> However, respondents to this study reported a sense of frustration about a lack of communication and information-sharing and few opportunities for coordination. Missed opportunities and contradictory information about situations were frequently cited, but again, with a strong sense of support for the Office and a desire

and commitment to better address the needs of children and adolescents. The Special Representative has indicated he may establish informal advisory groups of NGO representatives and academics. Convening such groups would not only improve communication and collaboration with the Office but could also create opportunities for deepening dialogue and collaboration between NGOs and academia.

## INTERGOVERNMENTAL ORGANIZATIONS

### The United Nations High Commissioner for Refugees (UNHCR)

The United Nations High Commissioner for Refugees has sought to raise the visibility of adolescents in armed conflict, help put adolescents on donor agendas and improve assistance and protection for displaced adolescents at all phases of response. Although the needs and rights of adolescents are priorities in some areas of UNHCR headquarters, and "children and adolescents" are referred to and accounted for in strategy documents and initiatives, UNHCR's policy framework does not consistently recognize the needs of adolescents. The organization continues to face the major challenge of improving policy and transforming it into effective programming in the field.<sup>173</sup> In the words of Neil Boothby, UNHCR's former Senior Coordinator for Refugee Children, "UNHCR's pressing for adolescents is only new. Traditionally, for example, UNHCR has had much more of a focus on primary education than secondary school. Vocational training and income-generation projects and micro-enterprise have focused on women. Ultimately, this discriminates against adolescents."<sup>174</sup>

There is increased discussion within UNHCR on how to better address the needs of adolescents, and an Operations Management System (OMS) is being developed as a programming tool whereby policies, best practices and other items will be available for dissemination, discussion and improvement, both in electronic and paper form. "What's at stake in not paying attention to adolescents," Boothby says, "is their basic and fundamental protection. The biggest and most positive collaboration on adolescents has been in the area of reproductive health, but this is too narrow a focus to have an overall impact on adolescents. The agenda for adolescents needs to move beyond adolescents and health. Adolescents are exploitable, and there's nothing programmed for them. Among other things, they comprise the vast

majority of cases of sexual abuse of children during the time of their emerging sexuality, and girls are particularly at risk. They [adolescents] are the majority of child soldiers. Peace-building initiatives do not have much of a focus on adolescents and, instead, usually involve traditional leaders and women. If adolescents are not part of the whole reconstruction, if they go home and are ignored, if there are no jobs, it will not be the elders or women to pick up a gun and fight again, it will be the teens. There are many serious gaps in the international community's approach to adolescents."<sup>175</sup>

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*United Nations High Commissioner for Refugees, Sadako Ogata, recognized the need to focus more on adolescents affected by armed conflict and requested that each of her offices prepare a comprehensive strategy to address five areas of immediate concern to UNHCR: adolescents, sexual exploitation, promotion of girls' education, prevention of military recruitment and separated children.*

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The following is a summary of some of UNHCR's major activities that represent opportunities for improvement and foundations for action, encompassing internal evaluations of policies and programming activities for children and adolescents, multilateral training initiatives, awareness-raising efforts, promotion of international standards and some specific program initiatives.

#### *Response to the Machel Study*

The Machel Study identified UNHCR as being "often the first to respond to emergencies" and called on the organization to enhance its response capacity for refugee children and adolescents. Following up on the recommendations of the study, United Nations High Commissioner for Refugees, Sadako Ogata, recognized the need to focus more on adolescents affected by armed conflict and requested that each of her offices prepare a comprehensive strategy to address five areas of immediate concern to UNHCR: adolescents, sexual exploitation, promotion of girls' education, prevention of military recruitment and separated children.<sup>176</sup>

Additionally, UNHCR developed adolescent-specific performance objectives during emergencies, in the post-emergency (care and maintenance) stage and during repatriation/reintegration. For example, the post-emergency phase involves adolescents in meaningful activities, such as school, vocational training, leadership development, environmental and other community service projects; provides reproductive health education and services; promotes the well-being of minors through community-managed programs; and incorporates conflict-resolution and peace-building into schools and community-based activities. The repatriation and reintegration stage includes assessments of the needs, capacities and rights of children, adolescents and their families, and provides adolescents, including former underage soldiers, with education and livelihood opportunities to reintegrate into society.<sup>177</sup> Despite this policy framework, as further described ahead, little has trickled down to adolescents at the field level.

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*"UNHCR's pressing for adolescents is only new. Traditionally, for example, UNHCR has had much more of a focus on primary education than secondary school. Vocational training and income-generation projects and micro-enterprise have focused on women. Ultimately, this discriminates against adolescents."*

- Neil Boothby, UNHCR's former Senior Coordinator for Refugee Children.

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#### *Establishment of Senior Coordinator for Refugee Children Post*

The post of Senior Coordinator for Refugee Children was created to help UNHCR improve its effectiveness in protecting and assisting minors. The position provides important technical guidance and has played a key role in promoting strategic organizational change through its involvement in a variety of initiatives, including those related to adolescents. In 1998, the Senior Coordinator reported five major areas of concern: 1) unaccompanied children; 2) adolescents as a "neglected" group; 3) forced recruitment of children; 4) sexual exploitation; and, 5) the promotion of education, especially for girls.

### *Guidelines on the Protection and Care of Refugee Children*

UNHCR's *Refugee Children: Guidelines on Protection and Care* are intended to form the basis upon which UNHCR acts on behalf of refugee, internally displaced and returnee children for which it has responsibility. However, the Guidelines make little reference to adolescents specifically.<sup>178</sup> The implementation of the Guidelines, originally issued in 1988, was evaluated in 1991 by what was then the Bureau for Refugee Programs (BRP) of the U.S. Department of State. BRP found that the Guidelines are "worth implementing," but that "The existence of policies and guidelines on refugee children appear not to have improved the services offered to refugee children at all since they were published in 1988."<sup>179</sup> Ten years later, and after a revision in 1994, the Guidelines are still in place and seek to make a difference for children and adolescents who are uprooted from their homes.

### *Evaluation of UNHCR's Efforts on Behalf of Children and Adolescents*

In October 1997, UNHCR published an *Evaluation of UNHCR's Efforts on Behalf of Children and Adolescents*. This review, requested by the High Commissioner, identifies ways in which protection and assistance activities on behalf of children and adolescents can be improved in the areas of child soldiers, sexual violence, exploitation and abuse, separation of families, social and psychological needs,

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***UNHCR's education evaluation reported that there are "nearly non-existent educational initiatives for adolescents."***

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structured activities and vocational training, education and reproductive and other health needs. The evaluation points to a myriad of gaps in programming for children and specifically adolescents, and concludes that "despite positive examples of UNHCR's efforts to protect and assist children and adolescents, there are many situations in which the particular risks they face are not fully recognized or addressed." In the area of organizational development, the evaluation found that broad program and protection issues are often inadequately addressed

due to staff's lack of knowledge about UNHCR's policies and procedures regarding minors,<sup>180</sup> and that *Refugee Children: Guidelines on Protection and Care* is infrequently consulted.

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***UNHCR's registration system employs the following statistical breakdown of age groups in its data collection, rendering adolescents statistically invisible: 0-4; 5-17; 18-59; and 60+.***

*- Meeting an Urgent and Unmet Need: Making Reproductive Health Services Available and Accessible to Forcibly Displaced Young People, WHO.*

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The evaluation concludes that UNHCR must reinforce, institutionalize and replicate positive efforts that have been made on behalf of children and adolescents. Among a host of recommendations, it calls for the development of an integrated multi-year plan of action with specific objectives and indicators for measuring implementation progress and impact, and a focus on sexual violence, exploitation and abuse, recruitment and birth registration and identity documents. It also raises the need for external linkages to bring together the necessary technical, human and financial resources to address the needs of children and adolescents. In particular, coordination with UNICEF and NGOs is underscored, through joint advocacy, training and standard setting in the areas of education and youth activities. The importance of using situational analysis in developing programs and gaining a better understanding of the populations and their strategies for coping is also highlighted. The evaluation calls for the establishment of structured activities for children and adolescents particularly at an early stage of an emergency; Protection and Community Service Officers who are knowledgeable about the particular threats to minors; education, tracing and reunification specialists; and Senior Regional Advisors for Children and Adolescents to accelerate mainstream responses to the particular needs of children and adolescents. The evaluation also recommends the development of training modules and initiatives with International Save the Children Alliance (ISCA) for those working with children and adolescents, which has come to fruition under Action for the Rights of Children (ARC).<sup>181</sup>

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*In the final analysis, children and adolescents are often the group most severely affected when the international community responds slowly or inadequately. Furthermore, if their needs are not sufficiently addressed, disaffected young people, without education or future prospects, will invariably prolong cycles of violence.*

- Evaluation of UNHCR's Efforts on  
Behalf of Children and Adolescents.

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#### *Adolescent Focus of UNHCR's Education Evaluation*

The *Review of UNHCR's Education Activities*, conducted from September 1996 to January 1997, analyzes and makes recommendations on UNHCR's global operational policies, strategy and management in refugee and returnee education. While the report revealed a long history of education programs, there are "nearly non-existent educational initiatives for adolescents." A comprehensive effort to create adolescent-specific programming initiatives must be undertaken. Among the many specific recommendations the report makes for follow-up action, it calls on UNHCR to modify its *Revised (1995) Guidelines for Educational Assistance to Refugees* to reflect new refugee education priorities as laid forth in the evaluation report.<sup>182</sup>

#### *Action for the Rights of Children (ARC) Initiative*

ARC is a training and capacity-building initiative aimed at increasing the capacity of UNHCR, government and NGO field staff to protect and care for children and adolescents during all stages of refugee situations, from emergency interventions until durable solutions can be achieved. Undertaken by UNHCR and the ISCA, participants of regional capacity-building workshops review the content of modules and identify training methods in accordance with the political, economic, social and cultural context of the region. In turn, ARC's participatory framework engages regional staff to identify pilot projects that address critical issues affecting children and adolescents. The ARC compendium of training materials is divided into two sections, foundations and critical issues, both of which include an age-gender perspective to ensure that male and female children and adolescents benefit equally

from all protection and assistance efforts. Moreover, ARC has a special module on adolescent preventive health, and all of the other modules have an adolescent component.<sup>183</sup> Four regions are doing ARC trainings, with plans to expand to additional regions, and special workshops are planned for UNHCR program officers responsible for reviewing proposals and preparing agreements with NGOs.

#### *Trust Fund for Refugee Children and Adolescents*

This trust fund operates outside of regular UNHCR programming for children, adolescents and families. It is intended to help respond to urgent needs and to promote innovative programming. In particular, it is used to jump-start child rights and youth programs with a view to integrating these activities into regular UNHCR programming activities. Contributions to the fund have enabled the Office to establish Regional Policy Officers for Children posts in West Africa, the Horn of Africa, Central Asia and the Commonwealth of Independent States, develop the ARC program and establish an Education for Peace initiative.<sup>184</sup>

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*Only two percent of adolescents in the care of UNHCR receive any programming dollars targeted directly at them.*

- Neil Boothby, former UNHCR  
Senior Coordinator for Refugee Children

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#### *Promotion of International Standards and Monitoring*

UNHCR continues to promote international standards and monitoring for the protection of refugee children and adolescents. It has participated in international advocacy efforts to limit the recruitment of young people under age 18 and calls for an international ban on landmines. It also supports the work of the Secretary-General's Special Representative for Children and Armed Conflict and promotes the Convention on the Rights of the Child as its normative frame of reference to further benefit children and adolescents through its full implementation.

## The United Nations Children's Fund (UNICEF)

UNICEF's mandate is to advocate for the rights of children, meet their needs and expand opportunities for them to reach their full potential.<sup>185</sup> UNICEF plays a critical part in ensuring the well-being of the most disadvantaged children and adolescents, working with a broad range of children, from demobilizing child and adolescent soldiers, to children and adolescents living in poverty in developing countries. With this combination of activities, UNICEF is in a unique position to respond to and help prevent some of the devastating effects of armed conflict on adolescents and other children.

The focus on children and adolescents within UNICEF is interdivisional, including an interdivisional working group on adolescents, encompassing those affected by armed conflict. There has also been a strong emphasis on adolescents within UNICEF's Program Division, particularly in the Youth Health and Child Protection Sections. Key areas for future attention by UNICEF include the evaluation of UNICEF's continuity of care;<sup>186</sup> rights-based programming; the use of situational analysis to better assess and thus address the needs of children and adolescents; child and adolescent participation in decision-making and implementation; and improved interagency cooperation and coordination. Carol Bellamy, Executive Director of UNICEF, has said that UNICEF is focusing more on adolescent advocacy, information and service programs.<sup>187</sup> Additionally, Marta Santos Pais, Director, Evaluation, Policy and Planning, has asserted that "A focus on meeting adolescents' rights to development and participation will constitute a key element of UNICEF's global agenda for the new millennium."<sup>188</sup>

### *Relationship and Response to the Machel Study*

UNICEF supported the Machel Study, contributing to its research, providing a home for the project, offering extensive logistical support and funding and promoting and implementing its recommendations. The Machel Study calls on UNICEF to increase programming for adolescents, specifically education and recreation activities, and to incorporate opportunities for adolescent participation in program design, implementation and evaluation. To date, UNICEF has included a deliberate focus on adolescents and incorporated a human rights approach in its efforts with children and adolescents, thereby further grounding its work on the principles of the CRC. In its *State of the World's Children 1996*, which focused exclusively on the

impact of warfare on children, UNICEF launched the Anti-War Agenda. The Agenda underscores that children are a priority for assistance and protection and provides an action-oriented plan to alleviate the impact of warfare on children and adolescents. Within this overall framework, UNICEF prioritized the specific recommendations made in the Machel Study with respect to five particularly vulnerable groups: unaccompanied children, internally displaced women and children, women and girls under threat of gender-based violence, child soldiers and children exposed to landmines and unexploded ordnance.

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*To date, UNICEF has included a deliberate focus on adolescents and incorporated a human rights approach in its efforts with children and adolescents, thereby further grounding its work on the principles of the CRC.*

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### *Young People's Rights to Health and Development*

UNICEF's Youth and Health Section is one of the areas within UNICEF where the concerns of adolescents affected by armed conflict are the most thoroughly developed and clearly articulated, and where many actions have already been undertaken. Its work provides a view of how adolescents are actively being placed on UNICEF's agenda from a policy and programmatic perspective. In 1997, UNICEF published *Youth Health for a Change — A UNICEF Notebook on Programming for Young People's Health and Development*, which provides information on programming principles and lessons learned, concrete programming suggestions and useful references for existing policies and programs relating to vulnerable youth, including youth affected by war.

### *WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health*

WHO, UNFPA and UNICEF jointly convened a Study Group on Programming for Adolescent Health in November 1995. This resulted in the development of a common framework for country programming; increased collaboration and plans to strengthen and expand collaboration with other UN agencies and relevant partners; and recommended action to accelerate and strengthen programming for adolescent health, including sexual and reproductive health.

### *Young People in Crisis*

UNICEF's Youth and Health Section also initiated efforts on behalf of "Young People in Crisis" (YPIC), including children in their second decade of life who are in situations of war and conflict. In October 1997, the Young People in Crisis Inter-Regional Programming Group (IPG) met to identify program support resources, lessons learned, principles and priorities for action and case studies for dissemination throughout UNICEF. They also sought to fortify consensus about programming approaches to meeting the health and development rights of young people in crisis by learning through doing. YPIC was changed to Adolescents in Crisis,<sup>189</sup> and the second IPG meeting, held in 1998, focused on programming interventions, adolescent participation and the use of situation assessment and analysis.

### *Child Protection*

UNICEF actively promotes the ratification and implementation of international human rights and humanitarian instruments, particularly the CRC and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). It advocated for the quick ratification of "the Ottawa Treaty," a global convention to ban the production, sale and use of anti-personnel landmines and for the establishment of an International Criminal Court (ICC) to help bring those who commit serious crimes against children to justice. UNICEF has also supported expanding the definition of war crimes to include rape and the forced recruitment of children and has called for the special protection of education facilities. Additionally, UNICEF works to raise awareness about human rights and carries out trainings for its staff, children, groups of professionals and the general public. UNICEF monitors and reports violations of child rights and has created many resources focusing on the fulfillment of those rights.<sup>190</sup>

### *Military Recruitment*

In addition to campaigning for an Optional Protocol to the CRC to raise the minimum age of recruitment to 18, UNICEF works with a wide range of partners to protect, demobilize, reintegrate and restore some measure of normalcy to the lives of former child combatants. UNICEF's Child Protection section has conducted a lessons learned exercise, reporting on the facets and accomplishments of a number of demobilization efforts, and UNICEF provides train-

ing and support to NGO partners in their work with former child soldiers and other war-affected children. This work supports physical recovery, family reunification, peace education and conflict resolution; trauma counseling, psychosocial recovery and drug abuse treatment; literacy, informal education and vocational training; alternative survival strategies and initiatives such as the provision of start-up loans to support the formation of cooperatives; landmine awareness campaigns; and special initiatives for children in conflict with the law. UNICEF also works to prevent recruitment by offering alternatives to vulnerable groups, including unaccompanied children, street children, children in institutions, children deprived of basic education and children living in circumstances that may lead them to seek "refuge" in armed forces.

### *Gender-Based Violence*

UNICEF works for the prevention and reduction of gender-based violence at the national level, which is perpetrated primarily against women and adolescent girls. It has called for rape and other forms of sexual violence to be treated and prosecuted as war crimes. UNICEF reports that their programs, including formal and non-formal educational opportunities, psychological support, and access to basic resources such as food, nutrition, health and reproductive care, sanitation and protection, lead to the psychosocial recovery of victims of gender-based sexual abuse or violence by encouraging the re-establishment of strong and stable family lives. With an understanding that sexual violence against women and girls often increases after the arrival of UN peacekeeping forces, UNICEF is working with the Department of Peacekeeping Operations to develop training interventions and resource materials on the protection of child rights through a gender perspective to ensure that acts of sexual violence are not carried out by its own agents. To this end, UNICEF organized a meeting in June 1998 on "Child Protection and Rights in the Context of International Peacekeeping: A Gender Perspective," which was attended by representatives of a number of UN organizations and other institutions involved in the training of peacekeepers.

### *Methodology: UNICEF's Human Rights Approach to Programming*

In 1998, UNICEF adopted a human rights approach to programming for children and women. This means that UNICEF must develop programming with the basic human rights principles enshrined in the CRC and CEDAW in mind, particularly the prin-

ciples of equality, dignity, self-determination, peace and security.<sup>191</sup> Documentation explaining this new approach identifies adolescents as a focus of programming requiring new attention given the adoption of a rights-based approach. It also mentions adolescents as it comments on the overlap in the issues of concern to the CRC and CEDAW and the relationship between the fulfillment of children's and women's rights. Specifically, there is overlap in girls' education and vocational training and employment opportunities for women; the rights to information on sexual and reproductive health issues for both adolescent girls and boys; the need for child care facilities for protecting the best interests of the child; and providing support to women's economic participation, to name a few. The document's section on methodologies, which discusses undertaking situation assessments through a human rights lens, problem analysis and the formulation of country programs, also references the need to analyze behaviors and cultural patterns and to view local traditions and customs as assets to programming.

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*Inclusion of children and adolescents in decision-making should not be on merely a token basis. Young people are demanding to be heard and their participation is essential for development from now on. Participation by young people in policy formation at all levels is their right. The world needs to move rapidly from seeing young people as passive recipients of welfare to understanding their key role as agents of positive change.*

- Carol Bellamy, UNICEF Executive Director,  
World Youth Forum, Portugal, August 10, 1998.

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#### *NGO Committee on UNICEF, Sub-Working Group on Children and Armed Conflict*

The NGO Committee on UNICEF, Sub-Working Group on Children and Armed Conflict was established in 1989 and is currently chaired by the Women's Commission for Refugee Women and Children. It provides a forum for NGO coordination on protection and assistance for children in conflict zones. The Sub-Working Group disseminates information among its members, who provide emergency

relief, direct services, research, advocacy and social policy direction, and work to improve programs, raise public awareness and promote policy change both nationally and internationally. The group meets regularly and promotes the recommendations of the Machel Study. The Sub-Working Group was one of the first groups to advocate for raising the minimum age of recruitment and participation in armed conflict (Optional Protocol to the CRC). It has recently completed a revised *Summary of International Treaties to Protect Children in Armed Conflict* (Appendix II), which is available to all who are interested, but will particularly target those working with war-affected children and adolescents in the field, as a quick, helpful reference guide to the various international instruments that set standards for their assistance and protection.

#### The World Health Organization (WHO)

WHO's Department of Child and Adolescent Health and Development (CAH) strives for "a world in which adolescents are able to acquire the information, build the skills, access the health services and live in the supportive environment they need for their health and development." To these ends, they direct their efforts at defining recommendations for policy and practice; synthesizing "best" practices; fostering "learning by doing"; and developing methodologies and tools in order to improve the response of the health sector to the health and development needs of adolescents; strengthen monitoring and evaluation of program efforts; and improve the capacity of families and communities to support the health and development of adolescents.

CAH acts as a catalyst for adolescent health and development both within and outside of WHO to stimulate programs to meet adolescent health needs; create technical support; and coordinate with UNFPA, UNICEF and UNAIDS to bring about coherent policies and practices. CAH began a project to develop youth-friendly reproductive health and HIV/STD services for out-of-school youth and refugee youth,<sup>192</sup> which highlighted the special and distinct needs of adolescents affected by armed conflict.<sup>193</sup> As a result, CAH has published *Meeting an Urgent and Unmet Need: Making Reproductive Health Services Available and Accessible to Forcibly Displaced Young People*, as well as many other reports on the reproductive health of adolescents affected by conflict. In addition, CAH works with UNHCR and members of the Interagency Working



*Organizations like UNICEF, WHO and UNFPA are making strides and taking concrete action for programming to improve adolescent health, including reproductive health. However, on the whole there is still a lack of comprehensive health care for war-affected adolescents, such as this formerly internally displaced adolescent girl and her child in Quetzal, Guatemala.*

Group on Reproductive Health in Refugee Settings to document initiatives for adolescent refugees and to consider ways to make sexual and reproductive health services available and accessible to forcibly displaced adolescents.

### United Nations Population Fund (UNFPA)

UNFPA, which is guided by and promotes the principles of the International Conference on Population and Development ICPD, believes that reproductive health programming for adolescents must recognize the diversity of their needs, be integrated with all aspects of social development and provide an appropriate socio-cultural approach to education activities and services. It also strives to integrate young people's opinions into its activities from design to implementation and evaluation. In 1989, together with WHO and UNICEF, UNFPA published a joint strategy for action for adolescent reproductive health, and

subsequently supported a number of related regional and country programs. UNFPA also supports WHO's Adolescent Health and Development program and collaborates with WHO, UNICEF and other organizations at the country level and in inter-agency forums.

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*When asked by the Women's Commission why providing reproductive health services to adolescent refugees is particularly important, Beverly Tucker, the project monitor for Family Health International Field Operations, simply replied, "Because they're the underserved of the underserved."*

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In 1995, the UN General Assembly adopted the World Program of Action for Youth for the Year 2000 and Beyond, which called on UNFPA to continue to meet the health needs, including reproductive health, of adolescents. UNFPA published an in-depth review of all existing reproductive health programs designed to meet the needs of adolescents in refugee situations, entitled *Updated Reproductive Health Care Projects for Adolescents in Refugee Situations*. It is an excellent resource on specific projects, funders and implementing partners and provides an analysis of the sexual and reproductive health needs of refugee adolescents; early and unwanted pregnancy; unsafe abortion; sexually transmitted diseases, including HIV/AIDS; and sexual violence. A number of Executive Board decisions have enhanced UNFPA's ability to respond quickly to emergency requests for reproductive health activities and distribute Reproductive Health Kits for use in emergency situations.<sup>194</sup>

## NATIONAL GOVERNMENTS

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*The future promise of any nation can be directly measured by the present prospect of its youth.*

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- John F. Kennedy, February 14, 1963.

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### Government of Canada

Canada's Minister of Foreign Affairs, Lloyd Axworthy, has repeatedly stated that the rights and protection of children are a priority on both its domestic and foreign policy agendas. Indeed, at Canada's request, a Security Council meeting was convened in February 1999 to focus on the protection of civilians, including children, in armed conflict.<sup>195</sup> The Foreign Minister has appointed Senator Landon Pearson as his Advisor on Children's Rights, who advances children's interests directly in the legislative process and opens the legislative process so that children and youth are able to participate in decisions that will affect them.<sup>196</sup>

Canada, which co-chaired the World Summit for Children in 1990 and ratified the CRC in 1991, has stated that these commitments and obligations guide all government action related to children and families. Canada supports the work of the Office of the United Nations Secretary-General's Special Representative for Children and Armed Conflict<sup>197</sup> and promotes partnerships with NGOs on issues relating to war-affected children. For instance, in 1998 Canada created a joint Committee on War-Affected Children, bringing together NGOs and the Government of Canada in order to chart a common strategy. Other Canadian NGOs work closely with the Canadian government, including the Peacebuilding Coordinating Committee (CPCC), which has a Working Group on Children and Armed Conflict and a Youth and Peacebuilding Working Group.<sup>198</sup> Canada also strongly supports the Optional Protocol to the Convention on the Rights of the Child, was the first government to provide resources to the international NGO Coalition to Stop the Use of Child Soldiers and has codified its practice of not sending anyone under 18 into hostile zones.<sup>199</sup> Under the Lysøen partnership with Norway, training modules will be developed to enhance peacekeepers' awareness, knowledge and expertise in dealing with children in conflict zones.<sup>200</sup> Canada also supports a

second optional protocol to the CRC that will require countries to criminalize the sale of children, child prostitution and child pornography, and to extend their jurisdictions extraterritorially. In March 1998, Canada hosted "Out from the Shadows," an international summit of youth who had been involved in the sex trade, and emphasized the need to involve young people in the development of solutions, initiatives and strategies.<sup>201</sup>

Canada targets much of its action on behalf of youth affected by armed conflict through the programming of the Canadian International Development Agency (CIDA),<sup>202</sup> including projects in northern Uganda and Liberia aimed at stopping the abduction of children as soldiers, supporting advocacy work for their release and helping children who have escaped to resettle with their families and communities. CIDA's programming is also aimed at counseling, demobilizing, reintegrating and educating war-affected children in Rwanda, Angola and Sierra Leone.<sup>203</sup> Moreover, Canada has stated that a program focus on youth is a good vector to encourage the recovery of civil society, as youth connects across sectors as well as across government ministries, such as the Ministry of Health, Family/Youth, Education, Justice and Sports and Recreation. In this respect, Canada emphasizes the need for development donors to understand that development work is linked to post-conflict reconstruction, for example, by prioritizing the identification of ways to integrate ex-combatants as a target group for development programming.

Canada's Department of Foreign Affairs and International Trade (DFAIT), which also works on behalf of children and youth affected by armed conflict, has recently established a new project on Cultural Initiatives for Children and Armed Conflict, to raise awareness in Canada and around the world of the plight of children in situations of armed conflict.<sup>204</sup> Recent projects include a video and music tour about how Nicaraguan street youth use music, poetry and painting to speak about their lives and the impact that the civil war has had on them,<sup>205</sup> and a video of youth-led activities and first person testimonies about the effects war has had on the lives of young people now living in Canada.<sup>206</sup>

## Government of Norway

The Norwegian government gives high priority to children affected by armed conflict, and has been working on their behalf for many years. The recommendations from the *Impact of Armed Conflict on Children* study on how to limit the effects of war on children have formed the basis of the Norwegian government's own efforts. In light of children's experiences in conflict zones all over the world and the tenth anniversary of the Convention on the Rights of the Child in 1999, Norway has stated that it will pursue its efforts with renewed vigor. Norway is giving high priority to children's rights as a member of the UN Commission on Human Rights, and it intends to take an ever more active part in cooperation with NGOs, in the international dialogue to exchange more systematic information about the injustices suffered by children and the measures taken to respond to them. The Ministry of Foreign Affairs, particularly the Minister of International Development and Human Rights, Hilde Frafjord Johnson, is heavily involved in efforts that have an impact on the situation of children affected by conflict.<sup>207</sup> The Ministry strongly supports the office and work of Mr. Otunnu, the UN Secretary-General's Special Representative for Children and Armed Conflict. The Norwegian government also generously provided the initial assistance needed to create the Senior Coordinator for Refugee Children post within UNHCR, and continues to support the work of the office.

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*It's hard to fund adolescent programs because it's a new field, and there aren't clear funding mechanisms.*

- Heather MacLeod, World Vision International, Africa.

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Another example of Norway's increased efforts to protect war-affected civilians, particularly children, is the Lysøen process, a Canadian-Norwegian initiative for cooperation on humanitarian issues and human security. One of the joint projects is to host a seminar for Western countries concerning legislation on the age limit for participation in armed conflict in support of UN negotiations on an Optional Protocol to the Convention on the Rights of the Child (setting the minimum age of recruitment at 18). The Norwegian government also supports the work of the Coalition to Stop the Use of Child Soldiers<sup>208</sup> and

is at the forefront of the effort to combat small arms, and thus the use of child soldiers. Norway was the first non-African country to support the efforts for a moratorium on the production, import and export of small arms in West Africa.<sup>209</sup>

Within the realm of adolescent-specific initiatives, the Norwegian government emphasizes the necessity of educating children at the lower secondary level. It contends that this group — adolescents — has received too little attention, and is most at risk for military recruitment. In addition, the government highlights the fact that education for adolescents is important for teacher retention. Thus, the Norwegian government is advocating that schooling be given priority in humanitarian assistance on a par with food, medicine and shelter, and be delivered just as swiftly.<sup>210</sup> In this effort, the government calls for close cooperation and coordination between UN organizations and other players, and advocates that donors, including the Norwegian government itself, be more aware of the importance of education when evaluating support for humanitarian projects.<sup>211</sup>

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*In speaking with representatives of governmental donor agencies about policies and programs targeting adolescents affected by armed conflict, the Women's Commission heard a consensus opinion: although some program initiatives do exist that address the needs of adolescents, they are few, and do not represent a systematic, broad-based donor commitment. Adolescent needs are currently only dealt with on an ad hoc basis.*

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## Government of Sweden

The Swedish Foreign Ministry maintains that the rights laid down in the Universal Declaration of Human Rights apply to all, and that special attention should be paid to vulnerable groups, such as children affected by conflict.<sup>212</sup> The Swedish International Development Agency (SIDA) recently produced *Humanitarian Assistance in Armed Conflicts With a Children's Rights Perspective*, which describes the support children and adolescents are entitled to and which is necessary to meet their needs in armed conflict and during reconstruction. It includes informa-



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*Donor governments are extremely important to the success of meeting the needs of war-affected adolescents because they are responsible for ensuring the application and observance of the CRC and other international standards relating to the protection and care of children. They also supply the vast majority of international funding for children and adolescents in conflict situations. While many donor governments have an explicit focus on children affected by armed conflict, targeted attention to adolescents or “youth” needs, such as those of this Sierra Leonean boy who was a Revolutionary United Front captive, is only emerging.*

tion on the necessity of adolescent participation, education, vocational training and recreational activities and the important role that adolescents play in the reconstruction phase.<sup>213</sup>

The Swedish government advocates for enhanced cooperation to promote human rights, including working to bring about an Optional Protocol to the Convention on the Rights of the Child prohibiting the use of soldiers under 18 years of age, and to combine

this with practical and preventive measures to help and protect children in need. It also advocates on behalf of a convention to eliminate exploitative and harmful child labor, as well as national and international measures to combat child prostitution and other forms of sexual exploitation. The Foreign Ministry is working to end casualties due to the proliferation of small arms and light weapons and is contributing to the Mali initiative for a West African moratorium on the production and transfer of such weapons. Swedish foreign policy surrounding children and adolescents in armed conflict relies heavily on international cooperation and multilateralism and it uses its role to advocate on behalf of children affected by armed conflict particularly within the UN but also within regional organizations.<sup>214</sup> The Foreign Ministry also urges greater support for the rehabilitation and reintegration of all refugees and displaced persons.<sup>215</sup> Furthermore, the Swedish government has initiated a review of children’s issues, in order to ensure that the rights of the child permeate Sweden’s international development cooperation.<sup>216</sup>

## Government of the United Kingdom

### *Department for International Development (DFID)*

The Department for International Development (DFID), the government department responsible for managing Britain’s program of foreign development assistance, has adopted a rights-based approach. Within DFID, the Conflict Handling Unit provides development and emergency relief assistance to countries affected by, or recovering from, conflict.<sup>217</sup> Along with the Foreign and Commonwealth Office (FCO),<sup>218</sup> DFID supports international efforts to enhance children’s well-being through the implementation of the Convention on the Rights of the Child and is placing a stronger emphasis on combining assistance with children’s protection and participation. DFID is also committed to setting higher standards concerning the use of children as soldiers, and the UK is participating in the UN Working Group negotiating a new Optional Protocol to the CRC to raise the minimum age of recruitment into armed forces.<sup>219</sup> Moreover, DFID supports and intends to cooperate with the UN Secretary-General’s Special Representative for Children and Armed Conflict, including funding projects that protect vulnerable children and promote strategies that enhance children’s and adolescent’s participation.<sup>220</sup>

Although this unit includes a focus on children in armed conflict, they have no adolescent-specific initiatives. “We are aware that adolescents are the first generation of adults in the new millennium, and we are conscious that we need to do more, but as of now, our approach is *ad hoc*,” said Julia Cleaves of DFID’s Health and Population Division. “For example, reproductive and sexual health is an important part of our work. In doing this work, you’re missing your focus if you’re not thinking about adolescents, who make up 50 percent of the target group. But in general, from our vantage point, adolescents are barely part of the conversation. It’s also difficult to know how many adolescents and children are affected by our work now. We don’t have that data.”

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*We are aware that adolescents are the first generation of adults in the new millennium, and we are conscious that we need to do more, but as of now, our approach is ad hoc.*

- Julia Cleaves, DFID.

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DFID has supported rehabilitation projects with traumatized and brutalized child soldiers in Uganda, Liberia and Angola; and family tracing and reunification programs with the International Committee of the Red Cross (ICRC) and Save the Children in the Great Lakes and Angola.<sup>221</sup> Despite being at an early stage of adolescent-specific programming, DFID is committed to the effort. A recent meeting of staff from USAID and DFID included information sharing on adolescents, so that DFID could learn more about approaches to funding for adolescent programming. Julia Cleaves also reported that the first interdepartmental meeting on adolescents was held January 7, 1999.

#### Government of the United States

##### *Bureau for Population, Refugees and Migration (BPRM)*

The Bureau for Population, Refugees and Migration (BPRM) of the U.S. Department of State is the primary locus of funding from the United States for refugee programming and resettlement in the United States.<sup>222</sup> With regard to children under its protection mandate, BPRM seeks “to achieve the broadest possible implementation of UNHCR *Guidelines on the*

*Protection and Care of Refugee Children* in the programs of international organizations, their implementing partners and USG-funded agencies.” Specifically, BPRM prioritizes attention to child soldiers, the protection, tracing and family reunification of unaccompanied minors, and the prevention of prostitution and sexual violence. To these ends, BPRM collects and disseminates best practices and lessons learned on the prevention of child soldiers and their demobilization and rehabilitation; expands initiatives to ensure the evaluation of tracing and protection efforts for unaccompanied children and funding of corresponding programs; and promotes “economic opportunities or assistance to reduce the likelihood that refugee women, girls and boys turn to prostitution in order to support their families.” It also works with USAID and the UN Special Representative for Children and Armed Conflict on child soldiers issues, with a view to identifying practical approaches that may prevent the phenomenon.

BPRM also supports the provision of basic education opportunities for children and plans to assess its capacity to expand these programs for refugee children. Although it does not identify adolescents specifically as a target, BPRM funds projects that are largely aimed at adolescents, including tolerance, conflict-resolution and peace education programs. It works to link skills and vocational education to the prospects for repatriation in a refugee situation, and includes a focus on vulnerable teen populations such as unaccompanied children, single heads of households and demobilized soldiers. BPRM expresses a clear commitment to mainstream children’s issues and national capacity-building in the programs it funds. It also plans to increase and improve coordination and planning with other donors around children’s and adolescents’ issues, which is currently done on an *ad hoc* basis.<sup>223</sup> Improved coordination between donors that includes an assessment of adolescents’ needs and proposed service strategies in emergencies through to repatriation, reintegration and reconstruction, would certainly go a long way to assuring these needs are successfully met.

BPRM has funded educational programs, including secondary school, and psychosocial services for unaccompanied minors and former child soldiers in Kakuma Camp, Kenya; social counseling, vocational training and education for adolescent girl refugees in Pakistan; apprenticeship, psychosocial care and education for young people in Azerbaijan; school support to encourage attendance of IDP and returnee

children and adolescents; computer education for adolescents, youth centers to promote reconciliation and reintegration and summer camps for children and adolescents from conflict zones in Georgia; post-primary vocational training and education for adolescents in Uganda; and support for reconciliation training, including youth, in Rwanda.<sup>224</sup> In 1998, BPRM provided funding for:<sup>225</sup> UNHCR's Children's Unit, which established three Regional Children's Policy Officer posts in Africa and one in the Commonwealth of Independent States (CIS) to reorient UNHCR's protection and programming activities on behalf of refugee children and adolescents; the Office of the Senior Coordinator for Refugee Children, which places adolescents as a "neglected" age group within its five major areas of concern; and the International Rescue Committee's Technical Support Unit (TSU) for Children Affected by Armed Conflict, which includes a focus on adolescents.<sup>226</sup>

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*Your study is timely. I don't think any of us focuses enough on adolescents, especially 14- to 18-year-olds. If they don't go to school, they get lost in the mix.*

- Hazel Reitz, former Refugee Officer, Bureau for Population, Refugees and Migration (BPRM), U.S. Department of State.

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### *Displaced Children and Orphans Fund United States Agency for International Development*

USAID's Displaced Children and Orphans Fund was established in 1989, when Congress earmarked \$1 million to be used on behalf of orphans. Since then, the annual level of funding has increased to \$15 million in FY1999, and now addresses the needs of street children, children affected by armed conflict and children who are orphaned by disease, especially as a result of the HIV/AIDS pandemic.

The Fund supports activities that focus on children and adolescents, and complements other USAID investments in health, child survival, HIV/AIDS control and prevention, education and civil society development. It primarily supports nongovernmental programs with financial and technical assistance for direct interventions that can serve as models that can be brought to scale through expansion and, or replication. Ancillary support for government organizations, applied research, advocacy and legislative reform are also supported in conjunction with its NGO focus.

The Fund recognizes and tries to support the role of family and community as the first and best line of protection and care for orphans and other vulnerable children, and wherever possible tries to engage older children and adolescents as "agents of change" and "role models" in working with younger children. The Fund also tries to complement work that is supported by the U.S. Department of State's refugee programs by focussing its efforts in the countries of origin, in order to facilitate the return of refugee and internally displaced children and their families.

At the present time, the major portion of the Fund's resources are devoted to children affected by armed conflict, including former child participants, in Angola, Eritrea, Liberia, northern Uganda, Sierra Leone and Sri Lanka. Increasing attention is being brought to the problems of children orphaned by HIV/AIDS in Malawi and Zambia, while the fund supports innovative approaches to caring for and protecting street children in Brazil, the Congo, Ethiopia, Indonesia and Peru. Furthermore, the Fund has also provided the major source of support for the U.S. Peace Corps' "Youth in Development" program for the past seven years.

### NONGOVERNMENTAL ORGANIZATIONS (NGOS)

An organization-by-organization account of the important contributions of many international nongovernmental organizations to the well-being of war-affected adolescents is not provided in this chapter or elsewhere in this document due to the constraints of space. Rather, some of the many relevant contributions and policy positions of NGOs are included in other ways, such as through descriptions of their adolescent-specific programming initiatives and collaborative efforts underway with intergovernmental organizations. Yet, the critical role of NGOs as policy-makers and program implementers providing opportunities for improvement in the lives of war-affected adolescents cannot be understated. They are the main hands-on providers of international humanitarian assistance, coming into direct contact with war-affected communities. While many are funded by donor governments directly or indirectly through intergovernmental organizations or international financial institutions, and despite the political implications of providing aid, NGOs also generate funds independently and maintain a substantial level of independence in the work they pursue. They make decisions about their own priorities and are often in a position to advocate for changes in the funding pri-

orities of major donors based on their experiences of what works and what does not.

Many NGOs have been at the forefront of advocating for targeted attention to the protection concerns of women and children, including gender- and child-specific guidelines for protection and assistance to these groups. In addition, they not only work collaboratively with donors, other humanitarian assistance entities and local communities on programming interventions, but they have also contributed their knowledge to the formation of international standards, such as the CRC, and studies, such as the Machel Study, which drive international commitments to children's and adolescents' rights.

Although international NGOs have a unique and critical role to play in assisting war-affected adolescents, like other donors, with some important exceptions, they have largely not placed adolescents on their agendas for targeted action. What work they have undertaken has not been sufficiently documented, analyzed and shared with other implementing agencies and decision-makers to address and improve adolescent-specific programming. Ultimately, given their direct contact with local communities and regional actors, including host governments, and their access to resources, they are in a pivotal position to help ensure the rights of adolescents and other children. Their approaches to needs assessments and programming can make or break attention paid to adolescents. Increased attention to age- and gender-specific programming by international NGOs, including involving adolescents directly in the design, implementation and evaluation of programs that affect them is an important step toward better addressing the distinct needs of adolescents. Also, efforts to deepen the links between organizations and governments working explicitly to address human rights abuses and those seeking to provide humanitarian assistance would highlight areas of overlap and help to strengthen both of these pursuits.

## CONCLUSIONS: FOUNDATIONS FOR ACTION

- A fundamental challenge remains before the international community to recognize and include adolescents in further policy development and program design and implementation where war-affected “children” are concerned. Although there are a variety of policy tools available to the international community to respond to the plight of war-affected adolescents, there are gaps between such policies and concrete action carried out on adolescents' behalf. International treaties and conferences provide for adolescents' protection and care, and the mandates of intergovernmental and non-governmental organizations and donor government agencies concerned with war-affected “children” ostensibly include adolescents by the international definition of the child, but such policies have not led to broad-based concerted action on behalf of war-affected adolescents.
- Full implementation is required of the wide array of international instruments that exist to provide for the rights and needs of war-affected adolescents. Were governments to enforce the provisions of the CRC, for example, adolescents and other children through the age of 17, as well as adults, might be spared the brutal consequences of war, and where war is not avoided, might receive the care and protection they need and deserve. Efforts to remedy barriers to ensuring and addressing adolescents' rights and needs should also be identified and supported, such as the push for an Optional Protocol to the Convention on the Rights of the Child, which would raise the minimum age of recruitment into armed forces to 18.
- The adolescent-specific recommendations of the study *Impact of Armed Conflict on Children*, known as the Machel Study, require further attention and response by the international community. The study provides a strong framework for action regarding war-affected adolescents, which should be utilized, particularly given the broad-based commitment to culling its information and to its follow-up through the United Nations system, participating governments, NGOs and beyond. Among other adolescent concerns raised, the study calls for increased attention to the provision of appropriate educational opportunities and reproductive health services to adolescents in armed conflict and its aftermath.

- Adolescents would benefit greatly from explicit analysis of their situation and advocacy on their behalf by the Special Representative for Children and Armed Conflict, including proactive steps to foster effective coordination among parties working with war-affected children. The Special Representative has provided leadership in keeping the plight of war-affected children on the international community's agenda through many activities, among them securing a resolution of the United Nations Security Council on Children and Armed Conflict. Although many of the priority issues of concern to the Special Representative involve adolescents, the Special Representative has not so far adopted a specific focus on this group.
- The important work being done within intergovernmental organizations to address the needs of war-affected adolescents should be further recognized within these institutions and expanded. Intergovernmental organizations continue to face the major challenge of improving policy and transforming it into effective programming in the field. Such initiatives as UNHCR's Action for the Rights of Children, undertaken with the International Save the Children Alliance, and UNICEF's, WHO's and UNFPA's coordinated work on adolescent health, require ongoing international commitment and support, along with support for new adolescent-specific analysis and programming.
- Stronger efforts by international NGOs are necessary to develop and prioritize programming activities for war-affected adolescents, a number of which are already underway. Historically, the adolescent-specific activities international NGOs working with war-affected populations have undertaken have not been systematically shared or deliberately replicated and reevaluated to reach more adolescents. NGO input and experience are especially needed to understand what age-, gender- and culture-specific programming for adolescents should look like and act to carry out more of such work in collaboration with adolescents and other local, national and international actors.
- Efforts are needed to place adolescents solidly and explicitly on the agendas of donor governments, and donor coordination in this area should be strengthened. Although governments have near-unanimously expressed their commitment to the protection and care of war-affected children and adolescents through their ratification of the CRC, and while funding initiatives do exist that address the needs of war-affected adolescents, they are relatively few and do not represent a systematic, broad-based donor commitment. Instead, donor government agencies currently only address adolescent concerns on an *ad hoc* basis. Government coordination in campaigns for an Optional Protocol to the CRC to limit the recruitment and use of child soldiers are encouraging examples of a much-needed, coordinated commitment to addressing adolescent concerns.

# A CALL TO ACTION

## **1. Ensure that adolescents affected by armed conflict remain squarely on the international agenda for action.**

Actions taken by the international community to assist *all* war-affected children should include actions on behalf of adolescents. Reports on the conditions of adolescents must be included in all evaluations of efforts to fulfill the mandates and recommendations of the following: the Convention on the Rights of the Child; the Convention on the Elimination of All Forms of Discrimination Against Women; the United Nations study *Impact of Armed Conflict on Children* (the Machel Study); World Summit for Children +10; International Conference on Education for All +10; Fourth World Conference on Women (Beijing) +5; International Conference on Population and Development +10. Violations of adolescents' rights must be documented and prosecuted. Collaborative efforts to secure an Optional Protocol to the Convention on the Rights of the Child raising the minimum age of recruitment into military service to 18 require continued support. Other instruments, such as Security Council Resolution 1261 on children and armed conflict should be utilized, making explicit reference to problems facing adolescents.

## **2. Conduct field-based research that accounts for the specific and distinct experiences of adolescents in armed conflict.**

Field-based research directly involving war-affected communities, including adolescents, must be conducted to gain a fuller understanding of how adolescents experience and cope with the effects of armed conflict. Qualitative and quantitative data on the experiences and concerns of adolescents that is disaggregated by age and sex must be collected to increase the visibility of adolescents and inform targeted interventions. In so doing, concepts of adolescence must be culture- and context-specific.

## **3. Identify “good practices” regarding programming for adolescents and increase appropriate programming interventions on their behalf.**

Effective policy and programming initiatives to address the needs and support the strengths of young people caught up in war must be further identified and affirmed. Innovative approaches, such as non-formal

education and peer counseling, should be replicated, and barriers to conducting such activities must be confronted. Key methodologies requiring further adolescent-specific analysis include: situational analysis, rights-based programming, cross-sectoral programming and participatory methods. A premium should be placed on involving adolescents in the assessment, design, implementation and evaluation stages of programming, taking care to build on their strengths and unleash their constructive capacities.

## **4. Increase funding for adolescent-specific programming.**

An *ad hoc* approach to meeting the urgent needs of adolescents affected by armed conflict is insufficient; deliberate, coordinated action is needed on the part of donors to increase funding for programs benefiting adolescents. Donors must provide leadership in their work with implementing partners to ensure that adolescents benefit from resources devoted to assisting war-affected children. Similarly, implementing agencies must inform donors of the urgent need to provide concrete support to programs for adolescents.

## **5. Promote Gender Equality.**

While girls are less likely to receive education, training and other assistance, and more likely to be targeted for forced marriage, prostitution, trafficking and sexual and gender based violence than boys, these problems are often overlooked by the international community as it responds to armed conflicts. More organizations must address the unique situation of adolescent girls in emergency situations and promote their rights through policies and programs.

## **6. Empower adolescents.**

In all efforts to address the needs of adolescents affected by armed conflict, adolescents must be consulted and must be provided with opportunities to learn about their rights and contribute to decision-making processes undertaken on their behalf. Adolescents must be increasingly recognized as necessary resources in the design, implementation and evaluation of programs to benefit them and their communities. Thus, efforts to include the opinions, voices and contributions of adolescents at all stages of planning and programming on their behalf should be regarded as paramount to successful interventions.



## ENDNOTES

<sup>1</sup> Kathleen Stosser Berger, *The Developing Person, Through Childhood and Adolescence*, 4th Edition, Bronx Community College, City University of New York, Ross A. Thompson, University of Nebraska, Lincoln, Worth Publishers, Inc. New York, NY, 1995.

<sup>2</sup> For those unfamiliar with educational programming jargon, here are some useful terms and their definitions: *Education* - the provision of learning opportunities in a purposeful and organized manner through various means including, but not limited to, schools and other educational institutions; *Basic education* - education focused on essential learning tools which include literacy, numeracy, problem-solving and learning how to learn, (to these skills must be added a structure for providing adequate recreation and sports activities for children and adolescents); *Primary education* - the first years of schooling focused on the basic curriculum described above plus recreation and sports, (in national systems, it can vary from four to eight years duration, starting at 5, 6, 7 years of age); *Secondary schooling* - the second level of formal instruction, usually leading to a nationally or internationally recognized certification, which is often required for entrance to post-secondary learning institutions, (secondary schooling normally lasts four to seven years, depending on the length of primary schooling); *Tertiary education* - the formal, post-secondary level of education which leads to either a certificate or a first degree, (secondary school is an entrance requirement); *Vocational skills training* - the process of learning associated with producing goods or services for remuneration; *Life skills education* - education including negotiation, coping, decision-making, critical thinking, conflict resolution, interpersonal relationships and communication; *Formal education* - education which takes place within an established school system; *Non-formal education* - education that takes place outside the formal school system and may cover basic skills such as reading, writing and counting only or also include practical skills and vocational training; *Informal education* - learning through daily life activities in the family, neighborhood, at work and in other local places, the learning is not organized and planned like in non-formal education. Definitions through vocational training from Inspection and Evaluation Service, *Review of UNHCR's Education Activities*, UNHCR, June 1997, pp. 13, 14, 22, 27 n 25. Life skills definition from *State of the World's Children 1999*, UNICEF, p. 59. Formal, non-formal and informal definitions from Dr. Eva Johannessen, *Reaching Children Out of School, A Study of Non-formal Basic Education for Children in Mozambique*, Redd Barna Mozambique, October 1998.

<sup>3</sup> The difficulty in quantifying such numbers stems largely from the limited or non-existent data available on adolescents.

<sup>4</sup> Inspection and Evaluation Service, *Review of UNHCR's Education Activities*, UNHCR Eval 05/97, June 1997. Girls may attend school in lower numbers than boys for a number of reasons, including: boys' education is valued more than girls', or girls' education may not be valued at all by the refugee group; they may have too much domestic work

to attend to; they may be forced into early marriages; they may get pregnant and be barred from attending school; and they may suffer sexual and other harassment in school.

<sup>5</sup> Margaret Segal, Naomi Nyirongo and Doris Mtsuko, *Education and its Impact on Family Health: Implications for Refugee Programming*, (Prepared for the Sub-Regional Seminar on Strategies for Combating Illiteracy and Equalization of Access to Education and Educational Opportunities Among Displaced Persons in Southern Africa, Malawi, March 14, 1991), International Rescue Committee, 1991, pp. 4, 12.

<sup>6</sup> *Recovering from 30 Years of War: Refugee Women and Children in Angola, Women's Commission for Refugee Women and Children Report, Delegation to Angola, December 1-13, 1996*, Women's Commission for Refugee Women and Children, 1996. The report concluded that culture-contextual educational, vocational and literacy training for children and adolescents must be the highest priority in Angola.

<sup>7</sup> *Women and Children in Somalia, A Situational Analysis 1987*, UNICEF, 1987, pp. 134-137.

<sup>8</sup> Marc Sommers, Ph.D., *A Child's Nightmare: Burundian Children at Risk, A Field Report Assessing the Protection and Assistance Needs of Burundian Children and Adolescents*, Women's Commission for Refugee Women and Children, 1998, p. 20, footnote 23. In addition, the report states that adolescent refugee programming must be recognized as an essential humanitarian priority and suggests distance education (accounting, budgeting, general business literacy) in order for adolescents to develop their entrepreneurial interests and community-based literacy programming in national as well as regional languages.

<sup>9</sup> Similarly, the 1951 Convention on the Status of Refugees states that refugees are entitled to elementary education. Since elementary education can be interpreted as basic education or specifically as primary school, again, mostly younger children will be targeted while adolescents will be left out.

<sup>10</sup> Christopher Colclough with Kevin Lewin, *Educating all the Children: Strategies for Primary Schooling in the South*, Clarendon Press, Oxford, 1993, p. 18, as referenced in *State of the World's Children 1999*, UNICEF, 1999, pp. 8, 9, 13. Also according to *State of the World's Children 1999*, in 1960, less than half of the developing world's children aged 6 to 11 were enrolled in primary school, while 91 percent were enrolled in primary school in industrialized nations. By 1980, primary enrollment doubled in Asia and Latin America and tripled in Africa. Today, one in five 6- to 11-year-olds in developing countries are not enrolled in primary school, and in industrialized nations, enrollment is almost 100 percent.

<sup>11</sup> UNICEF's *State of the World's Children 1999* features the topic of education and provides a useful chronology of "International Milestones for Education," figure 4, p. 14.

<sup>12</sup> *Shaping the 21st Century: The Contribution of Development Cooperation, Report Adopted at the Thirty-fourth High Level Meeting of the Development Assistance Committee (OECD)*, March 6-7, 1990 as referenced in *The State of the World's Children 1999*, UNICEF, p. 13.

Also in 1996, donor countries further committed themselves to assisting developing countries to ensure universal primary education by the year 2015.

<sup>13</sup> Dr. John C. Hammock, *Children and Adolescents in Violent Societal Change*, UNHCR and Tufts University Workshop, Feinstein International Famine Center, Tufts University, Boston, April 1998, p. 3. This point was also emphasized at the “Basic Education in Emergencies and Transition Situations: A First Sharing of Program Lessons” conference, March 1999.

<sup>14</sup> Women’s Commission interview with Neil Boothby, New York, NY, October 1998.

<sup>15</sup> Inspection and Evaluation Service, *Review of UNHCR’s Refugee Education Activities*, p. 18. These programs are often in the form of late afternoon/evening/weekend courses at non-formal education centers.

<sup>16</sup> Ibid. [Some within UNHCR are also advocating for pre-school education, identifying it also as a significant gap in the provision of educational services.]

<sup>17</sup> Dr. John C. Hammock, p. 3.

<sup>18</sup> *Protection of Children and Adolescents in Complex Emergencies*, conference report, Norwegian Refugee Council, Redd Barna and UNHCR, 1999; <http://www.nrc.no/pub/protection/index.htm>.

<sup>19</sup> Charoensak Chongcharueyskul, ed., *Consortium ’88-90, Phanat Nikhom, Thailand*, The Consortium, 1990. See also: Michael DiGregorio and Nick Bartel, *Making the Grade: English as a Second Language in Preparation for American Secondary Schools*, The Consortium, 1987; Michael DiGregorio, *Step by Step: Leveled ESL Worksheets in Preparation for American Secondary Schools*, The Consortium, 1987; and Fred Ligon, ed., *Working it Out: Introduction to Math in Preparation for American Secondary Schools*, The Consortium, 1987.

<sup>20</sup> Pilar Aguilar, *Education Case Studies*, UNHCR Programme & Technical Support Section, PTSS Best Practices Paper No. 3, May 1998.

<sup>21</sup> *The State of the World’s Children 1999*, UNICEF, p. 45. See also: *Education: UNICEF 50th Anniversary (1946-1996), Fact Sheet on Achievements and Challenges*, UNICEF; [gopher://gopher.unicef.org:70/00/.defdata/.anniv95/educat](http://gopher://gopher.unicef.org:70/00/.defdata/.anniv95/educat).

<sup>22</sup> Grete Ravn Omada, *TEP for Angola — the Teacher Emergency Package, Trainer’s and Teacher’s Manual*, Norwegian Refugee Council (NRC), 1999.

<sup>23</sup> *Preliminary Survey of Technical Advice and Assistance in the Framework of the Convention on the Rights of the Child: detailed information on children activities implemented by UNHCR*, UNHCR, 1998. See also: UNHCR, *Refugee Children’s Initiatives in Liberia*, UNHCR, 1998, pp. 1-6.

<sup>24</sup> Sue Lautze, *Saving Lives and Livelihoods, The Fundamentals of a Livelihoods Strategy*, Feinstein International Famine Center, Tufts University, April 1997, p. 6.

<sup>25</sup> Livelihood is described by Sue Lautze as “the means by which people survive over time” (Women’s Commission interview, June 1, 1999), while CARE offers this definition of livelihoods security: “adequate and sustainable access to

income and other resources to enable households to meet basic needs (including adequate access to food, potable water, health facilities, educational opportunities, housing, time for community participation and social integration, etc.)” *Household Livelihood Security: A Unifying Conceptual Framework for CARE Programming*, Household Livelihood Security Working Group, CARE-USA, September 20, 1995. Robert Chambers, in *Sustainable Livelihoods, Environment and Development: putting poor rural people first* (Institute of Development Studies Discussion Paper #240, December 1987) cites the Brundtland Commission’s Advisory Panel on Food, Agriculture, Forestry and the Environment (Food 2000, 1987, p. 3) defining livelihood as “adequate stocks and flows of food and cash to meet basic needs.”

<sup>26</sup> Lautze, pp. 22, 29. Lautze also argues that, in complex emergencies, self-sufficiency is a critical survival strategy for many people, including children. In this context, she calls self-sufficiency “the capacity of a community to either produce, exchange or lay claim to resources necessary to ensure both survival through and resilience against life-threatening stresses.” (p. 5).

<sup>27</sup> Dr. John C. Hammock, p. 3.

<sup>28</sup> Graça Machel, *Impact of Armed Conflict on Children: Report of the Expert to the Secretary-General*. United Nations, May 1996, paragraph 182.

<sup>29</sup> The term youth at once encompasses adolescents and young adults.

<sup>30</sup> *Report of the Fourth World Conference on Women*, Beijing, September 4-15, 1995, Strategic Objective L.8 and Actions to be Taken 60.b and 60.c.

<sup>31</sup> Sue Lautze, Women’s Commission interview, June 6, 1999. Ms. Lautze states that “in comparison with other programs, livelihood interventions are relatively inexpensive.”

<sup>32</sup> Sue Lautze, Women’s Commission interview, June 6, 1999. See also: Karen Doyle, *Microfinance in the Wake of Conflict: Challenges and Opportunities*, The SEEP Network, June 1998. Of the 16 programs examined in this report, none were targeted at youth — all mostly focused on women.

<sup>33</sup> Claude Bobillier, Ann Avery and Margaret Sinclair, eds., *Sourcebook for Refugee Skills Training*, Geneva: UNHCR, PTSS, May 1996, p. v. The sourcebook defines refugee skills training as the process by which persons learn to produce goods and perform services.

<sup>34</sup> Graça Machel, paragraphs 165.b and 165.e.

<sup>35</sup> Ibid., paragraphs 53 and 56.

<sup>36</sup> Nat Colletta, Markus Kostner and Ingo Wiederhofer, *Case Studies in War-to-Peace Transition: The Demobilization and Reintegration of Ex-Combatants in Ethiopia, Namibia and Uganda*, The World Bank, 1996, pp. 78-79; 118; 334. See also: Nat Colletta, Markus Kostner and Ingo Wiederhofer, *The Transition from War to Peace in Sub-Saharan Africa*, The World Bank, 1996.

<sup>37</sup> Traditional apprenticeship models are those where the trainee is taken in as part of the master craftsman’s family.

<sup>38</sup> Jean-Claude Legrand, *Program Lessons Learned for the Prevention of Recruitment, Demobilization and Reintegration of Child Soldiers, Based on UNICEF Experience in Seven African Countries, Implications for Future Programming*, Draft, Child Protection Section, Program Division, UNICEF, New York, pp. 7-8.

<sup>39</sup> Graça Machel, paragraphs 117 and 121.

<sup>40</sup> Claude Bobillier, Ann Avery and Margaret Sinclair, eds., pp. 82-87.

<sup>41</sup> *Ibid.*, pp. 99-100.

<sup>42</sup> *Ibid.*, pp. 96-98.

<sup>43</sup> Carol Djeddah and P.M. Shah, *The Impact of Armed Conflict on Children: A Threat to Public Health*, WHO/FRH (Family and Reproductive Health), July 1996, pp. 6, 12. According to this document, most developmental models recognize three developmental stages, often with substages: prenatal and pre-school (up to 5); school age (6 through 10); and adolescents (11-18), p. 13.

<sup>44</sup> Several documents cited in WHO's *Coming of Age, from Facts to Action for Adolescent Sexual and Reproductive Health*, provide examples of the substantial thinking that has been done by a variety of actors related to adolescent health, including adolescents affected by armed conflict. They include: *Youth Health for a Change* and the *Young People in Crisis, Interregional Programming Group Reports*, all from UNICEF; WHO's *The Impact of Armed Conflict on Children: A Threat to Public Health; Meeting an Urgent and Unmet Need: Making Reproductive Health Services Available and Accessible to Forcibly Displaced Young People*; and *Coming of Age: from Facts to Action for Adolescent Sexual and Reproductive Health*; and UNFPA's *Updated Reproductive Health Care Projects for Adolescents in Refugee Situations*.

<sup>45</sup> Carol Djeddah and P.M. Shah, pp. 12-37. Children under five years old, who are less physically developed and have had less time to develop immunities and have little control over their environment, are particularly vulnerable and experience the highest levels of mortality and morbidity.

<sup>46</sup> *Ibid.*, pp. 2, 19.

<sup>47</sup> Inter-Agency Working Group on Reproductive Health in Refugee Situations, *Reproductive Health in Refugee Situations, An Inter-Agency Field Manual*, UNHCR, 1999, p. 2.

<sup>48</sup> H.L. Friedman, *Meeting the Reproductive Health Needs of Adolescents in Refugee Situations*, unpublished working paper, May 1995. See also: *Why Are Adolescents More Vulnerable to HIV/AIDS and STDs Than Adults?*, draft fact sheet, WHO, 1996. WHO states that: "There is a growing recognition that because of a combination of biological, psychological and social reasons, adolescents — especially but not only adolescent girls — are particularly vulnerable to STDs, including HIV infection/related illnesses," which is evident from the levels of incidence of HIV infection among this group.

<sup>49</sup> WHO, *Why Are Adolescents More Vulnerable to HIV/AIDS and STDs Than Adults?*

<sup>50</sup> Carol Djeddah and P.M. Shah. See also: Sophie Toulemonde, *Updated Reproductive Health Care Projects for Adolescents in Refugee Situations*, UNFPA, October

1998, p. 8; Karen L. Tatom, *Meeting an Urgent and Unmet Need: Making Reproductive Health Services Available and Accessible to Forcibly Displaced Young People*, Draft report, WHO/CAH 1998; Graça Machel, *Impact of Armed Conflict on Children*.

<sup>51</sup> The Reproductive Health for Refugees (RHR) Consortium, *Refugees and Reproductive Health Care: The Next Step*, JSI Research and Training Institute, 1998.

<sup>52</sup> Sophie Toulemonde, p. 8.

<sup>53</sup> *Ibid.*

<sup>54</sup> *Ibid.* See also: Women's Commission for Refugee Women and Children, *Refugee Women and Reproductive Health Care: Reassessing Priorities*, Women's Commission for Refugee Women and Children, 1994.

<sup>55</sup> World Health Organization (WHO), the United Nations Population Fund (UNFPA) and UNICEF, *Action for Adolescent Health, Towards a Common Agenda, Recommendations From a Joint Study Group*, WHO, 1997.

<sup>56</sup> WHO, *Adolescent Health and Development Program, Progress Report*, June 1998, WHO/FRH,ADH/98.8, Geneva.

<sup>57</sup> Women's Commission interview with Dr. Chandra Mouli, medical officer, WHO, March 2, 1999.

<sup>58</sup> H.L. Friedman. See also: Karen L. Tatom, pp. 32-34.

<sup>59</sup> Sophie Toulemonde, p. 9. In addition to these conclusions, UNFPA recommends that national policies targeting adolescents should be implemented; adolescent-specific needs assessments should be developed and utilized, using more precise indicators; females should be especially targeted for reproductive health education with a view to gender empowerment; and technical assistance and training should be made available to staff working with adolescents.

<sup>60</sup> Graça Machel, paragraph 144.

<sup>61</sup> UNFPA, *Reproductive Health Must Be an Integral Part of Care for All Refugees and Displaced Persons, Meeting Concludes*, Press Release, Rennes, France, November 5, 1998. Several working groups stressed the need to train local counterparts and involve community representatives in all phases of programs to ensure culturally-appropriate and sustainable programs. Also of note, groups stated that the prevention of sexual violence must be a part of any reproductive health program and that men must be included as part of the solution.

<sup>62</sup> Founded in 1995 by CARE, the International Rescue Committee, John Snow Inc. Research and Training Institute, Marie Stopes International and the Women's Commission for Refugee Women and Children (the American Refugee Committee and Columbia University's Center for Population for Population and Family Health later joined as full members), the RHR Consortium's idea of a full range of services includes safe motherhood, family planning, emergency obstetrics, treatment and prevention of STDs, including HIV/AIDS, and services and protection against sexual and gender violence.

<sup>63</sup> RHR Consortium, *The Next Step*, p. 10. For *The Next Step*, the Consortium visited the sites originally visited by the Women's Commission in 1994, plus some others. For infor-

mation on the original visits, see: *Refugee Women and Reproductive Health Care: Reassessing Priorities*.

<sup>64</sup> Ibid., p. 10.

<sup>65</sup> Another excellent resource on international instruments and United Nations world conferences that is designed for use by young people is *Global Commitments to Youth Rights, a guide for young people to the government agreements from the UN world conferences from Rio to Istanbul*, by Morag Humble, Commonwealth Youth Programme, Commonwealth Secretariat, in cooperation with UNICEF, October 1997.

<sup>66</sup> The notebook defines its target group by citing the World Health Organization definition, noting that the meaning attached to the words "youth" and "adolescent" varies between countries and cultures. The notebook contends that adolescents are vulnerable and dependent upon adults and governments to protect their health and development rights. It cites Executive Board decisions that focus on aspects of young people's health and development, including Health Strategy (1995), which calls youth health an emerging priority for UNICEF; Tobacco (1989); Drug Abuse (1989); Safe Motherhood (1990); Children in Especially Difficult Circumstances (1990); Child Protection (1996); and Education (1995).

<sup>67</sup> UNICEF, *Youth Health for a Change, A UNICEF Notebook on Programming for Young People's Health and Development*, UNICEF, 1997, pp. 7-22.

<sup>68</sup> UNICEF, *Meeting the Health and Development Rights of Young People in Crisis*, Report of the First Inter-regional Programming Group Meeting, 1997, UNICEF, UNDCP and UNAIDS, 1997.

<sup>69</sup> UNICEF, *Meeting the Health and Development Rights of Young People in Crisis*, Report of the Second Inter-regional Programming Group Meeting, 1998, UNICEF, UNDCP, WHO and UNAIDS, 1998. At this meeting, IPG recognized YPIC programming had evolved and had benefited from a better understanding of the situation of YPIC, better use of resources, and consequently, the improved targeting of interventions. They also note their influence in UNICEF's overall policy on young people. For more details, refer to the table: UNICEF 1998-2000 Program Priorities: Programming for YPIC, pp. 5-7.

<sup>70</sup> Inspection and Evaluation Service, *Review of UNHCR's Refugee Education Activities*, UNHCR EVAL/05/97, June 1997, p. 33.

<sup>71</sup> The International Conference on Population and Development (ICPD) also made an explicit statement supporting the inclusion of reproductive health in the context of basic health care and set forth the right of all to attain the highest standard of sexual and reproductive health services. At the special U.N. General Assembly Session on the ICPD, June 30-July 2, 1999, more than 170 countries adopted key actions to further ICPD's Program of Action and called for deliberate international attention to the needs of youth, including reproductive health education in schools and access to information and services. Program of Action of the International Conference on Population and Development, Article 7.3, Cairo, September 1994; [www.undp.org/popin/icpd/conference/offeng/poa.html](http://www.undp.org/popin/icpd/conference/offeng/poa.html).

<sup>72</sup> Carol Djeddah and P.M. Shah. WHO also urges that physicians and health workers who object to involvement in repression be given support by the international community and that those involved in abuse be censured.

<sup>73</sup> Ibid., p. 62. Other principles have been adopted by health professionals, including the United Nations Principles of Medical Ethics Relevant to the Role of Health Personnel, Particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (December 18, 1982). Resolutions passed by the International Pediatric Association (IPA) on September 12, 1995 at their International Congress of Pediatrics in Cairo, Egypt, also reflect the international sense of responsibility and pledge the commitment of pediatricians to mobilizing emergency teams to assist war-affected children. Many other medical associations have taken similar actions, including the Chilean Medical Association, the National Medical and Dental Association of South Africa, International Physicians for the Prevention of Nuclear War and Medical Campaigns Against Nuclear Weapons, US Physicians for Human Rights, the American Public Health Association, the British Medical Association and the British Faculty of Community Medicine.

<sup>74</sup> Family Health International and the World Association of Girl Guides and Girl Scouts, *Health of Adolescent Refugee Project*, December 1998, pp. 1-6.

<sup>75</sup> Ellen Lange, *The International Rescue Committee's Education Programme for Refugees in Guinea, 1991-1998, A Best Practice Study*, UNHCR PTSS Best Practices Paper No. 1, October 1998. See also: Valerie Flan, *How-to Guide: Reproductive Health in the Refugee Setting*, IRC, N'zerekore, Guinea, 1998; Tijuana A. James-Traore, *Situational Analysis of Reproductive Health Care for Refugee Adolescents, The Republic of Guinea-Forest Region*, IRC, March 1998, pp. 18-19; Karen L. Tatom, p. 28; Women's Commission for Refugee Women and Children, *The Children's War, Towards Peace in Sierra Leone, A field report assessing the protection and assistance needs of Sierra Leonean children and adolescents*, Women's Commission for Refugee Women and Children, June 1997, pp. 19-20.

<sup>76</sup> Judy A. Benjamin, "AIDS Prevention for Refugees: The Case of Rwandans in Tanzania," *AIDScaptions*, Volume III, No. 2, July 1996; [www.fhi.org/en/aids/aiscap/aidspubs/serial/captions/v3-2/CP321.html](http://www.fhi.org/en/aids/aiscap/aidspubs/serial/captions/v3-2/CP321.html).

<sup>77</sup> Rachel K. Jones, *Meeting Reproductive Health Needs of Refugee Adolescents in Kigoma Region of Tanzania*, Women's Commission for Refugee Women and Children, May 1998, p. 9.

<sup>78</sup> RHR Consortium, *The Next Step*.

<sup>79</sup> For those unfamiliar with the term "psychosocial," the Women's Commission offers the following definitions and comments. The document *Cape Town Annotated Principles and Best Practice on The Prevention of Recruitment of Children into the Armed Forces and Demobilization and Social Reintegration of Child Soldiers in Africa*, and UNICEF's *Interregional Programming Workshop on Psychosocial Care and Protection* both pro-

vide the following definition. "The term 'psycho-social' underlines the close relationship between the psychological and social effects of armed conflict, the one type of effect continually influencing the other. By 'psychological effects' is meant those experiences that affect emotions, behavior, thoughts, memory and learning ability and how a situation may be perceived and understood. By 'social effects' is meant how the diverse experiences of war alter people's relationships to each other, in that such experiences change people, but also through death, separation, estrangement and other losses. 'Social' may be extended to include an economic dimension, many individuals and families becoming destitute through the material and economic devastation of war, thus losing their social status and place in their familiar social network." Dr. Mike Wessells, a professor at Randolph Macon University and expert on the psychosocial effects of armed conflict on children, further comments that the meaning of "psychosocial" varies according to cultural context.

<sup>80</sup> Carol Djeddah and P.M. Shah, pp. 46-47.

<sup>81</sup> In *Promoting Psychosocial Well-Being Among Children Affected by Armed Conflict and Displacement, Principles and Approaches* (1996, p. 4), the International Save the Children Alliance reports that normal reactions to abnormal stress are sometimes referred to as "post-traumatic stress reaction." They distinguish this from a more severe long-term condition termed Post-Traumatic Stress Disorder (PTSD), which has been defined within the context of one specific traumatic event rather than an accumulation of stressful events that is typical for children affected by war and displacement. However, according to "Children's Response to War: What Do We Know?" by James Garbarino and Kathleen Kostelny (1993), PTSD has gained recognition as an explanation of responses to childhood trauma in the emerging field of traumatic stress studies. The American Psychiatric Association's Diagnostic and Statistical Manual (1987) includes PTSD as an official diagnosis, and criteria for diagnosis include: 1) the existence of a recognizable stressor that would evoke significant symptoms of distress in almost everyone; 2) re-experiencing the trauma, as evidenced by at least one of the following: a) recurrent and intrusive recollections of the event, b) recurrent dreams of the event, or c) suddenly acting or feeling as if the traumatic event were reoccurring because of an association with an environmental or ideational stimulus; 3) numbing of responsiveness to or reduced involvement with the external world, beginning some time after the trauma, as shown by at least one of the following: a) markedly diminished interest in one or more significant activities, b) a feeling of detachment or estrangement from others, or c) constricted affect; and 4) at least two of the following symptoms that were not present before the trauma: a) hyperalertness or exaggerated startle response, b) sleep disturbance, c) guilt about surviving when others have not, or about behavior undertaken for survival, d) memory impairment or trouble concentrating, e) avoidance of activities that arouse recollection of the traumatic event, or f) intensification of symptoms by exposure to events that symbolize or resemble the traumatic event.

<sup>82</sup> Carol Djeddah and P.M. Shah, p. 45. The following factors contribute to psychological problems in children: ethnic

cleansing, or genocide experiences; father, mother or other family members killed or missing; being unaccompanied and deprived of vital protection and care; on-going war trauma; extreme violence, including torture, sexual abuse and exploitation, imprisonment, detention under harsh conditions, concentration camps; abduction and, or involvement in military or paramilitary activities, including witnessing or perpetrating atrocities against families and, or others; being uprooted, experiencing cultural oppression and deprivation; disruption of schooling; and uncertainty over the future. *See also:* M. Petevi, *Forced Displacement, Refugee Trauma, Protection and Assistance, The Contribution of UNHCR*, in *International Responses to Traumatic Stress*, Baywood Publishing Co., Inc., Amityville, NY, 1996, pp. 161-192 (cited in Djeddah and Shah, p. 45).

<sup>83</sup> *Ibid.*, p. 46.

<sup>84</sup> *Ibid.* Djeddah and Shah state that children below the age of six often demonstrate more regressive behavior than those ages 6-12 years, especially in the absence of a good care provider. Those who are 6-12 show a greater ability to deal with trauma because of their relative cognitive maturity, which enhances expression and coping. They are able to respond to play, fantasy and reenactment so that tragic events can be understood and reacted to. They may have trouble concentrating, remembering and learning. Their behavior may change, lacking spontaneity, and being passive, depressive or aggressive and demanding, clinging and may involve bed-wetting and a phobia to school. *See also:* Dr. Sandi Plummer, *Children and Trauma, Fostering Healing and Supporting Recovery*, World Vision, 1997.

<sup>85</sup> Dr. Sandi Plummer, Chapter 3.2.3.

<sup>86</sup> Carol Djeddah and P.M. Shah, pp. 46-47.

<sup>87</sup> *Ibid.*, pp. 58-59.

<sup>88</sup> *Ibid.*, p. 53.

<sup>89</sup> *Ibid.*

<sup>90</sup> Women's Commission interview with Martha S. Bragin, clinical social worker, New York, May 1999.

<sup>91</sup> International Save the Children Alliance, *Promoting Psychosocial Well-Being Among Children Affected by Armed Conflict and Displacement, Principles and Approaches*, International Save the Children Alliance 1996, p. 4. One example described in this document is of Rwandan children who had survived the genocide. Their retelling of their experiences to Western psychologists, researchers and journalists retraumatized the children, who were then left alone to deal with the consequences.

<sup>92</sup> Sara Gibbs, "Post-War Social Reconstruction in Mozambique: Re-Framing Children's Experience of Trauma and Healing," *Disasters*, Vol. 18, No. 3, 1994.

<sup>93</sup> *Ibid.* *See also:* Jo Boyden, "Children's Experience of Conflict Related Emergencies: Some Implications for Relief Policy and Practice," *Disasters*, Volume 18, No. 3, 1994, pp. 255-256.

<sup>94</sup> *Ibid.*, p. 5. *See also:* Anica Mikus Kos and Sanja Derviskadic-Jovanovic, "What can we do to support children who have been through war?" *Forced Migration Review*, December 1998, pp. 4-5; V. Slodnjak, "Psychosocial functioning of refugee adolescents in

Slovenia,” in *Refugees in Slovenia*, University of Ljubljana, Ljubljana, 1998, pp. 85-104; *The Psychosocial Impact of War on Children: Assessment and Intervention in the Central American Context*, report of a UNICEF-sponsored conference, Area Office for Central America and Panama, UNICEF, 1990, p. 19.

<sup>95</sup> Laura Herbst, *Children in War, Community Strategies for Healing*, Save the Children USA, University of Zimbabwe, Duke University, 1995, pp. 9-19. *See also*: International Save the Children Alliance, *Promoting Psychosocial Well-Being Among Children Affected by Armed Conflict and Displacement, Principles and Approaches*, pp. 5-9.

<sup>96</sup> Laura Herbst, pp. 3-8. *See also*: International Save the Children Alliance, *Promoting Psychosocial Well-Being Among Children Affected by Armed Conflict and Displacement, Principles and Approaches*, pp. 5-9.

<sup>97</sup> International Save the Children Alliance, *Promoting Psychosocial Well-Being Among Children Affected by Armed Conflict and Displacement, Principles and Approaches*, pp. 8-9. *See also*: Laura Herbst. In these and other sources, tracing and family reunification are deemed to be of paramount importance to children's and adolescents' psychosocial well-being and should be implemented in the earliest stages of an emergency. Actions which promote the separation of families should be discouraged, such as the unnecessary institutionalization of unaccompanied or orphaned children and adolescents.

<sup>98</sup> Laura Herbst, pp. 9-19.

<sup>99</sup> Kirk Felsman, *Recognizing and Enhancing Resilience in War-affected Children and Youth*, ICCB: Children Worldwide, pp. 22-23. *See also*: International Save the Children Alliance, *Promoting Psychosocial Well-Being Among Children Affected by Armed Conflict and Displacement, Principles and Approaches*, pp. 3-4; Laura Herbst.

<sup>100</sup> International Save the Children Alliance, *Promoting Psychosocial Well-Being Among Children Affected by Armed Conflict and Displacement, Principles and Approaches*, pp. 8-9. Specific suggestions include providing support to adults in a family to help them re-establish their capacity to be good parents.

<sup>101</sup> Laura Herbst, pp. 1-4.

<sup>102</sup> Roberta J. Apfel and Simon Bennett, *On Psychosocial Interventions for Children: Some Minders and Reminders*, UNICEF, May 1995.

<sup>103</sup> *Ibid.* *See also*: Jo Boyden, pp. 257-258.

<sup>104</sup> International Save the Children Alliance, *Promoting Psychosocial Well-Being Among Children Affected by Armed Conflict and Displacement, Principles and Approaches*, p. 7. ISCA cites a case where a culturally-sensitive and community-based approach was tried with some 14,000 Sudanese unaccompanied refugee boys, many of them adolescents, with encouraging results. The system was modeled on cultural practices, and it supported self-reliance, education and recreation, leadership patterns and traditional coping mechanisms.

<sup>105</sup> Laura Herbst. *See also*: Roberta J. Apfel and Simon Bennett.

<sup>106</sup> *Ibid.*, pp. 25-26. International Save the Children Alliance, *Promoting Psychosocial Well-Being Among Children Affected by Armed Conflict and Displacement, Principles and Approaches*, p. 6.

<sup>107</sup> Sara Gibbs, pp. 275-276.

<sup>108</sup> Laura Herbst, pp. 9-14.

<sup>109</sup> *Ibid.*, pp. 19-24.

<sup>110</sup> Dr. Michael G. Wessells, *Assisting Angolan Children Impacted by War: Blending Western and Traditional Approaches to Healing*; [www.ecdgroup.com/cn/cn19case.html](http://www.ecdgroup.com/cn/cn19case.html); *See also*: CCF (Christian Children's Fund), *Initiatives for Angolan Children and Youth Futures: CCF Angola Proposal*, CCF 1998.

<sup>111</sup> Ken Rhodes, *Save the Children's Children and War Project for Mozambican Refugees* (background, constraints and lessons learned), presentation at the Basic Education in Emergencies and Transition Situations: A First Sharing of Program Lessons Workshop, March 1999.

<sup>112</sup> Graça Machel, paragraph 135.

<sup>113</sup> Coalition to Stop the Use of Child Soldiers, *Stop Using Child Soldiers!*, Rádda Barnen, on behalf of International Save the Children Alliance, November 1998, and *The Use of Children as Soldiers* Coalition website; <http://www.child-soldiers.org>. *See also*: Campaign to Ban Landmines, *US Campaign to Stop the Use of Child Soldiers*, pamphlet.

<sup>114</sup> Carol Djeddah and P.M. Shah, pp. 55-56.

<sup>115</sup> David A. Korn, *Exodus Within Borders: An Introduction to the Crisis of Internal Displacement*. Washington, DC: Brookings Institution Press, 1999, p. 7. *See also*: UNHCR, "Internal Conflict and Displacement," in *The State of The World's Refugees 1997-98 — A Humanitarian Agenda*, December 1997, Chapter 3; <http://www.unhcr.ch/refworld/pub/state/97/ch3.htm>, Chapter 3; UNHCR, *Issues: Internally Displaced Persons*, UNHCR website; <http://www.unhcr.ch/issues/idp/idp.htm>.

<sup>116</sup> UNHCR, *Issues: Internally Displaced Persons*, UNHCR website; <http://www.unhcr.ch/issues/idp/idp.htm>.

<sup>117</sup> Janie Hampton, ed. *Internally Displaced People: A Global Study*. London: Earthscan Publications, Ltd., 1998, Chapter 3.

<sup>118</sup> UNHCR, "Internal Conflict and Displacement," chapter 3. This chapter cites the fact that during 1994-95 in Burundi, for example, considerably greater international resources were allocated to programs for Rwandan refugees than for internally displaced Burundi citizens, although the latter constituted some 10 per cent of the population. Similarly, during the crisis in eastern Zaire, particularly in its earlier stages, the Rwandan refugees generally received much more attention from the international community than displaced members of the local population.

<sup>119</sup> David A. Korn, pp. 2-3, 17. *See also*: Graça Machel.

<sup>120</sup> *Ibid.*, p. 16.

<sup>121</sup> UNHCR, "Internal Conflict and Displacement," Chapter 3.

<sup>122</sup> Carol Djeddah and P.M. Shah, p. 53. *See also*: Graça Machel.

<sup>123</sup> *Ibid.* Partly as a result of this, efforts thus far to meet the physical, shelter and food needs of unaccompanied children and adolescents have been much more successful than efforts to meet their emotional and social needs.

<sup>124</sup> *Ibid.* *See also*: Christian Smets, *Burundi Starts to Treat Invisible Wounds*, UNICEF 1995; *Unaccompanied Children in Emergencies: Field Guide for their Protection and Care*, International Social Service.

<sup>125</sup> World Vision, *Qualitative Needs Assessment of Child-Headed Households in Rwanda*, World Vision, January 1998. *See also*: UNICEF, *Rwanda's Poorest are in Parentless Homes, Report Finds*, CF/DOC/PR/1998-11; [gopher://gopher.unicef.org:70/00/.cefddata/.pressreleases98/pr9811](http://gopher://gopher.unicef.org:70/00/.cefddata/.pressreleases98/pr9811).

<sup>126</sup> UNICEF, *The Convention on the Rights of the Child: Justice for Juveniles*, UNICEF; <http://www.unicef.org/pon96/cojustic.htm>.

<sup>127</sup> Margaret McCallin, *Living in Detention*, Geneva: International Catholic Bureau, 1992. *See also*: Women's Commission for Refugee Women and Children, *Report by the Delegation of the Women's Commission for Refugee Women and Children to Hong Kong*, Women's Commission for Refugee Women and Children, 1990.

<sup>128</sup> As a point of interest, a training module on the issue of child soldiers is included in the Action for the Rights of Children initiative undertaken by UNHCR and the International Save the Children Alliance (ISCA). For information, see: ARC (Action for the Rights of Children), *International Legal Standards and Policies*, International Save the Children Alliance and UNHCR, 1998.

<sup>129</sup> Coalition to Stop the Use of Child Soldiers, *Stop Using Child Soldiers!*

<sup>130</sup> Jean-Claude Legrand, *Program Lessons Learned for the Prevention of Recruitment, Demobilization and Reintegration of Child Soldiers, Based on UNICEF Experience in Seven African Countries, Implications for Future Programming*, UNICEF, Child Protection Section, Program Division, New York, 1998. This report was based on experiences in seven countries: Angola, Democratic Republic of Congo, Liberia, Mozambique, Rwanda, Sierra Leone and Sudan (Operation Lifeline Sudan).

<sup>131</sup> *Ibid.*

<sup>132</sup> Eva Jenkner, *Socioeconomic Reintegration of Former Child Soldiers: Towards a Community-based Approach*, paper prepared for the UN Special Representative of the Secretary-General for Children and Armed Conflict, Woodrow Wilson School of Public and International Affairs, Princeton University, Spring 1998.

<sup>133</sup> The following international standards and conferences related to sexual exploitation and abuse:

- Article 34 of the Convention on the Rights of the Child asserts that States Parties shall take all measures to protect the child from all forms of sexual exploitation and abuse and unlawful sexual activity including prostitution and involvement in pornography. Article 35 articulates the State's obligation to make every effort to prevent the sale,

trafficking and abduction of children.

- The Fourth Geneva Convention Relative to the Protection of Civilian Persons in Time of War states that "women shall be especially protected against any attack on their honor, in particular against rape, enforced prostitution, or any form of indecent assault."

- The Convention on the Elimination of All Forms of Discrimination Against Women affirms gender-based violence as a form of discrimination against women.

- The Declaration and Agenda for Action of the World Congress Against Commercial Sexual Exploitation of Children lists armed conflicts as a contributing factor to the vulnerability of girls and boys who fall victim to commercial sexual exploitation. It urges that prevention encompass improving access and providing relevant health services, education, training, recreation and a supportive environment to vulnerable families and children, including those who are displaced, homeless, refugees, unregistered and, or in detention.

<sup>134</sup> UNHCR, "Internal Conflict and Displacement," Chapter 3. *See also*: David A. Korn, p. 3.

<sup>135</sup> Janie Hampton, ed., Chapter 3. *See also*: Graça Machel; Judy Benjamin, *The Gender Dimensions of Internal Displacement: Issues and Actions*, UNICEF and Women's Commission for Refugee Women and Children, 1998; James Kunder and Bo Viktor Nylund, *Mission to Sri Lanka with a View to Develop Best Practices in International Displacement*, UNICEF, Office of Emergency Programs, Working Paper Series, August 1998.

<sup>136</sup> Rachel Stancliffe and Julia Kharashvili, *Survey on Internally Displaced People in Georgia: Report and Recommendations*, Tbilisi, Norwegian Refugee Council, April 1995. *See also*: James Kunder and Bo Viktor Nylund; Oxfam, *Psychosocial Examination of IDP Children and Women — Victims of Military Conflicts on the Territory of the Republic of Georgia, Survey on Internally Displaced People: Report and Recommendations*, Tbilisi, Oxfam, December 1995.

<sup>137</sup> Ulla Blomqvist, "The Protection of Unaccompanied Children in Large-Scale Refugee and Repatriation Emergencies: Experience from Tanzania and Rwanda," Oxford, *Refugee Participation Network* newsletter, September 1997; [www.qeh.ox.ac.uk/rsp/rpn245.htm](http://www.qeh.ox.ac.uk/rsp/rpn245.htm).

<sup>138</sup> UNHCR, *UNHCR Kigali, Refugee Children: Rwanda-Burundi Emergency*, UNHCR, Regional Support Unit for Refugee Children, April 1, 1995.

<sup>139</sup> Marc Sommers, Ph.D, *A Child's Nightmare: Burundian Children at Risk*, Women's Commission for Refugee Women and Children, 1998, pp. 15-17.

<sup>140</sup> While child/adolescent heads of household have little to no access to education, those interviewed by World Vision in Rwanda said that formal education is not their main priority and that securing a livelihood is paramount. Training to support the livelihood of CHHs is critical.

<sup>141</sup> World Vision. *See also*: UNICEF, *Rwanda's Poorest Are in Parentless Homes, Report Finds*.

<sup>142</sup> Nongovernmental Organizations' Submission to the Standing Committee of the Executive Committee of the United Nations High Commissioner's Program, *Detention*

of *Asylum-Seekers and Refugees: The Framework, the Problem and Recommended Practice*, EC/49/SC/CRP.13, June 4, 1999; [www.icva.ch](http://www.icva.ch).

<sup>143</sup> Jean-Claude Legrand. See also: Rachel Brett, Margaret McCallin and Rhona O'Shea, *Children: The Invisible Soldiers: Report on the Participation of Children in Armed Conflicts and Internal Disturbances and Tensions*, prepared for the UN *Study on the Impact of Armed Conflict on Children*, Quaker UN Office and International Catholic Bureau, 1996; Eva Jenkner.

<sup>144</sup> Eva Jenkner. See also: Jean-Claude Legrand; and Rachel Brett, Margaret McCallin and Rhona O'Shea.

<sup>145</sup> The Coalition's steering committee consists of Rädda Barnen on behalf of the International Save the Children Alliance (ISCA), Quaker United Nations Office, Human Rights Watch, Amnesty International, International Federation Terre des Hommes, Defense for Children International and Jesuit Refugee Service. Notable cooperative links established by the Coalition include the International Committee of the Red Cross (ICRC), the Federation of Red Cross and Red Crescent Societies, the Committee on the Rights of the Child, the Office of the High Commissioner for Human Rights, the Special Representative of the Secretary-General for Children and Armed Conflict, UNESCO, UNHCR and UNICEF.

<sup>146</sup> Reflecting a "straight-18 position" (a minimum age of 18 for all forms of recruitment and all forms of participation), the draft Optional Protocol, if adopted, would prohibit compulsory or "voluntary" recruitment of under-18s by governmental and nongovernmental armed groups. The draft Optional Protocol can be found on the Coalition website: [www.child-soldiers.org/provisional\\_draft\\_optional\\_proto.htm](http://www.child-soldiers.org/provisional_draft_optional_proto.htm).

<sup>147</sup> One such national coalition is the US Coalition to Stop the Use of Child Soldiers, which has focused on countering the United States government's strong opposition to raising the age of recruitment to 18. Although the United States is one of only two countries not to ratify the CRC, and even though the protocol in question would be "optional" for CRC signatories to adopt or not, the US has vigorously sought a minimum age of recruitment of 17, among other reasons to accommodate a very small number of seventeen-year-old recruits it maintains annually.

<sup>148</sup> The regional conferences are planned Europe (October) and Asia and the Middle East (spring 2000), and an international conference is scheduled for later in the year 2000. The Latin American conference took place in July 1999, and the African Conference, which took place in April 1999 and was attended by both Olara Otunnu and Graça Machel, produced a declaration demanding an end to the use as soldiers of children under 18 years of age and the rapid adoption of new international legislation to ensure respect for this standard (Human Rights Watch, *African Conference Calls For End To The Use Of Children As Soldiers*, Human Rights Watch Press Release, April 22, 1999).

<sup>149</sup> *Fact Sheet: Rescue and Reintegration*, World Congress Against Commercial Sexual Exploitation of Children, website; <http://193.135.156.14/webpub/csechome/219a.htm>.

<sup>150</sup> Francis Deng, *Guiding Principles on Internal*

*Displacement*, UN Doc. E/CN.4/1998/53/Add.2, February 11, 1998. The Principles are meant to be used as widely as possible and provide a definition of internally displaced persons: persons or groups of persons who have been forced or obliged to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural human-made disasters, and who have not crossed an internationally recognized border.

<sup>151</sup> UNHCR, "Internal Conflict and Displacement," Chapter 3. See also: James Kunder; David A. Korn, pp. 3-6; UNHCR, *Issues: Internally Displaced Persons*; Graça Machel; Judy Benjamin, *The Gender Dimensions of Internal Displacement: Issues and Actions*; Craig Cohen and Noah Hendler, *Looking Toward Home: Internally Displaced Adolescents in Azerbaijan*, Women's Commission for Refugee Women and Children, January 1999; Janie Hampton, ed., Chapter 3; James Kunder and Bo Viktor Nylund; Carol Djeddah and P.M. Shah, p. 53.

<sup>152</sup> Janet Torsney, ed., *On the Protection and Care of Unaccompanied Refugee Children*, report from the Bellagio Conference, Save the Children Federation, 1994. The conference focused on finding durable solutions for unaccompanied refugee and IDP minors and covered such topics as family tracing, reunification and evaluation of past programs for unaccompanied children and adolescents.

<sup>153</sup> *On the Repatriation and Reintegration of Unaccompanied Refugee Children, Report from the Bellagio Conference*, Women's Commission for Refugee Women and Children, November 1997. This conference recommended, among other things, establishing guidelines and procedures to protect the rights of unaccompanied children, creating a watch group to monitor reintegration and establishing systems for local and national coordination.

<sup>154</sup> Save the Children, *Keeping Children with Families in Emergencies: Presentations and Background Papers from an Interagency Meeting*, Save the Children Fund, London, 1997. This meeting included presentations on program strategies and experiences in the areas of preventing separation, fostering refugee children, regional coordination and reunification and reintegration.

<sup>155</sup> Lucy Bonnerjea, "Disasters, Family Tracing and Children's Rights; Some Questions About the Best Interests of Separated Children," *Disasters*, Volume 18, Number 3, 1994, pp. 279-281. The author describes the stages of family tracing as identification, documentation, tracing and reunification, and asserts that decisions must be made with the best interests of the child in mind. See also: Graça Machel; Djeddah and Shah, p. 53; Save the Children, *Keeping Children with Families in Emergencies: Presentations and Background Papers from an Interagency Meeting*; Holger Nilen, ed., *The Unaccompanied Minors of Southern Sudan*, Rädda Barnen, 1994.

<sup>156</sup> Marc Sommers, Ph.D, *A Child's Nightmare: Burundian Children at Risk*, Women's Commission for Refugee Women and Children, 1998, pp. 15-17. See also: Bonnerjea, pp. 279-281; Machel; Save the Children, *Keeping Children with Families in Emergencies: Presentations and Background Papers from an Interagency Meeting*.

<sup>157</sup> Graça Machel. See also: Djeddah and Shah, p. 53; Bonnerjea; Save the Children, *Keeping Children with Families in Emergencies: Presentations and Background Papers from an Interagency Meeting*; Holger Nilen.

<sup>158</sup> Ibid. See also: Djeddah and Shah, p. 53; Bonnerjea, p. 279.

<sup>159</sup> Bonnerjea, pp. 282-283.

<sup>160</sup> Djeddah and Shah, p. 54.

<sup>161</sup> International Social Service, *Unaccompanied Children in Emergencies: Field Guide for Their Protection and Care*, International Social Service. This field guide highlights the lack of attention given to adolescents despite their vulnerabilities to the stresses of a changed life environment.

<sup>162</sup> The group, established in 1983, has had two main roles since the adoption of the CRC in 1989: to facilitate contact between the NGO community and the Committee on the Rights of the Child and to promote monitoring and implementation of the Convention at the national level by encouraging the creation and development of national coalitions of NGOs working for children's rights.

<sup>163</sup> Lorelei Goodyear, "Addressing Sexual and Gender-Based Violence in Guinea," presentation given on West Africa: Internally Displaced and Refugee Women at the International Rescue Committee, June 18, 1999. Information also received from Beth Vann, IRC Guinea, August 4, 1999. See also: Scott Campbell and Jane Lowicki, *Sierra Leone: Sowing Terror*, Human Rights Watch, July 1998.

<sup>164</sup> *Rädda Barnen's Documentation Centre on Child Soldiers*, Rädda Barnen; 222.rb.se/childdbatabase. See also: Coalition to Stop the Use of Child Soldiers and the International Save the Children Alliance, *Stop Using Child Soldiers!*, p. 19; Rädda Barnen, *Children in War*; Rädda Barnen newsletter, no. 1/98, March 1998.

<sup>165</sup> Kelly David, *The Disarmament, Demobilization and Reintegration of Child Soldiers in Liberia, 1994-1997: The Process and Lessons Learned*, UNICEF (Liberian and the US National Committee for UNICEF), March 1998. See also: Jean-Claude Legrand; Eva Jenkner.

<sup>166</sup> Other multilateral and national and local laws also provide protections to children and adolescents.

<sup>167</sup> Although rebel groups participating in armed conflict may not be signatories to international treaties, they often aspire to international recognition as legitimate governmental actors. Thus, pressure on such groups to operate within the boundaries of international humanitarian and human rights law should also be brought to bear.

<sup>168</sup> The Office has also conducted two assessment missions in Afghanistan.

<sup>169</sup> For details, refer to *Protection of Children Affected by Armed Conflict*, Report of the Special Representative of the Secretary-General for Children and Armed Conflict, A/53/482, delivered to the United Nations General Assembly, October 12, 1998. See also: Website of the Special Representative of the Secretary-General for Children and Armed Conflict; <http://www.un.org/special-rep/children-armed-conflict>.

<sup>170</sup> Indeed, in response to his efforts, in June 1998 the

Security Council issued a groundbreaking statement from its President expressing its intention to pay serious attention to the situation of children affected by armed conflict and to maintain contact with the Special Representative. In addition, in August 1999, the Security Council unanimously adopted Resolution 1261, strongly condemning the targeting of children in armed conflict situations, including killing and maiming, sexual violence, abduction and forced displacement, the recruitment and use as soldiers and attacks on places that usually have a significant presence of children such as schools and hospitals, and called on all parties concerned to put an end to such practices.

<sup>171</sup> Such agencies include UNICEF, UNHCR, the Office of the United Nations High Commissioner for Human Rights (UNHCHR), UNDP, United Nations Office for the Coordination of Humanitarian Assistance (OCHA), the Department of Political Affairs and the Department of Peacekeeping Operations.

<sup>172</sup> For example, in his 1998 report to the General Assembly he stated that he, "in effect, serves as a facilitator and a resource for the agencies and bodies that operate on the ground," and that "This sensitive political role requires close coordination with partners within and outside the United Nations community, especially the relief and humanitarian organizations whose work on the ground would be facilitated by such initiatives."

<sup>173</sup> UNHCR's registration system employs the following statistical breakdown of age groups in data collection, rendering adolescents statistically invisible: 0-4; 5-17; 18-59; 60+. Karen L. Tatom, *Meeting an Urgent and Unmet Need*, p. 8.

<sup>174</sup> Women's Commission interview with Neil Boothby, New York, NY, October 1998.

<sup>175</sup> Ibid.

<sup>176</sup> Sadako Ogata, High Commissioner for Refugees, *The Machel Study on the Impact of Armed Conflict on Children*, Office of the UN High Commissioner for Refugees, UNHCR/IOM/40/97 and UNHCR/FOM/47/97, July 15, 1997.

<sup>177</sup> UNHCR, *The Impact of Armed Conflict on Children, The Refugee and Displaced Children Dimension*, prepared for the Machel Study, July 9, 1996. See also: Neil Boothby, Maya Ameratunga and Bruce Abramson, "The UNHCR Response to the Machel Study," *RPN* 24, September 1998.

<sup>178</sup> "UNHCR Policy on Refugee Children," presented to the UNHCR Executive Committee in 1993 and annexed to UNHCR's *Refugee Children: Guidelines on Protection and Care*, states that, "In all actions taken concerning refugee children, the human rights of the child, in particular his or her best interests, are to be given primary consideration."

<sup>179</sup> *UNHCR Guidelines on Refugee Children, A Survey of Their Implementation After Three Years*, Bureau for Refugee Programs, U.S. Department of State, Washington, D.C., September 1991.

<sup>180</sup> The evaluation also states that child and adolescent protection issues are often viewed as a concern of Social Services staff and are assigned to junior program officers and volunteers.

<sup>181</sup> Inspection and Evaluation Service, *Evaluation of UNHCR's Efforts on Behalf of Children and Adolescents*, UNHCR, EVAL/06/97, October 1997.

<sup>182</sup> Inspection and Evaluation Service, *Review of UNHCR's Refugee Education Activities*.

<sup>183</sup> ARC (*Action for the Rights of Children*), *A Training and Capacity-Building Initiative on Behalf of Refugee Children and Adolescents*, UNHCR and ISCA. Foundation modules include: International Legal Standards and Principles; Fundamental Principles of Child and Adolescent Development; Situation Analysis; and Community Mobilization. Critical Issues modules include: Unaccompanied Children; Child Soldiers; Education (including Girls' Education); Child and Adolescent Preventive Health; Disability; Exploitation and Abuse; and Durable Solutions.

<sup>184</sup> UNHCR, *1999 Global Appeal Programme Overview*, UNHCR, 1999; [www.unhcr.ch/fdrs/ga99/children.htm](http://www.unhcr.ch/fdrs/ga99/children.htm).

<sup>185</sup> UNICEF's original mandate from 1946 explicitly includes adolescents, stating that "UNICEF resources are to be used to provide supplies, materials, services and technical assistance for the benefit of children and adolescents."

<sup>186</sup> Continuity of care refers to the continuum of preparedness and programming from development activities to emergency, post-emergency, and repatriation and reintegration activities, where planners anticipate and address successive and interrelated needs.

<sup>187</sup> Barbara Crossette, "AIDs is Blamed for Reversing Health Gains in Poorest Countries," *The New York Times*, December 1, 1998.

<sup>188</sup> Ms. Marta Santos Pais, *UNICEF Statement to the World Conference of Ministers Responsible for Youth*, Lisbon, August 8-12, 1998, p. 3.

<sup>189</sup> "Adolescents in crisis" is defined as "children aged 10-18 years old whose development, participation, protection and survival are, or [are] at risk of, being endangered and whose particular rights are not met by the society."

<sup>190</sup> UNICEF, *UNICEF Action on Behalf of Children Affected by Armed Conflict*, draft, UNICEF, January 1999. Furthermore, UNICEF publishes *The State of the World's Children* and *The Progress of Nations*, distributes the CRC widely, has been working on a book-length version of the Machel Study and maintains a public information website.

<sup>191</sup> UNICEF, *A Human Rights Approach to Programming for Children and Women*, UNICEF CF/EXD/1998-004, April 1998.

<sup>192</sup> Women's Commission interview with Chandra Mouli, WHO medical officer, March 2, 1999.

<sup>193</sup> H.L. Friedman, *Meeting the Reproductive Health Needs of Adolescents in Refugee Situations*. See also: *Meeting an Urgent and As Yet Unmet Need: Making Sexual and Reproductive Health Services Available and Accessible to Displaced Adolescents*.

<sup>194</sup> UNFPA, *1997 Annual Report*, UNFPA 1997. The kits were assembled by the Inter-Agency Working Group on Reproductive Health in Refugee Situations (WHO, UNHCR, UNFPA, IFRC and others) in response to the cri-

sis in the Great Lakes region.

<sup>195</sup> Lloyd Axworthy, Canadian Foreign Minister and, at the time, United Nations Security Council President, *Presidential Statement of the United Nations Security Council*, United Nations Security Council, S/PRST/1999/6, February 12, 1999; [www.un.org/News/Press/docs/1999/19990212.sc6643.html](http://www.un.org/News/Press/docs/1999/19990212.sc6643.html). See also: Lloyd Axworthy, Canadian Foreign Minister, *The Protection of Children in Armed Conflict*, address given to the "Protection of Children in Armed Conflict" conference at Columbia University, February 12 1999.

<sup>196</sup> Canadian Senator Landon Pearson, *Infosidewalk*, 1998; <http://sen.parl.gc.ca/lpearson>, 1998. Although her official title simply refers to children, the Senator refers to herself as the Senator for Children and Youth.

<sup>197</sup> Lloyd Axworthy, Canadian Foreign Minister, *The Protection of Children in Armed Conflict*. See also: *Axworthy Announces Initiatives Aimed at Protecting Children in Armed Conflict to the United Nations*, Press Release, Permanent Mission of Canada to the United Nations, February 1999.

<sup>198</sup> Canadian Peacebuilding Coordinating Committee, *Canadian Programming for Children Affected by Armed Conflict*, Canadian Peacebuilding Committee, 1998. For information on the Youth and Peacebuilding Working Group, see: [www.cpcc.ottawa.on.ca/wgyouth-e.htm](http://www.cpcc.ottawa.on.ca/wgyouth-e.htm).

<sup>199</sup> Lloyd Axworthy, Canadian Foreign Minister, *The Protection of Children in Armed Conflict*. See also: *Axworthy Announces Initiatives Aimed at Protecting Children in Armed Conflict to the United Nations*.

<sup>200</sup> Ibid.

<sup>201</sup> Ibid.

<sup>202</sup> Canadian International Development Agency: Mandate, Government of Canada, July 16, 1998; [www.cbisc.org/sask/bis/1846.html](http://www.cbisc.org/sask/bis/1846.html). CIDA is the federal agency responsible for the management of Canada's Official Development Assistance (ODA) budget, which supports sustainable development in developing countries and helps reduce poverty.

<sup>203</sup> Lloyd Axworthy, Canadian Foreign Minister, *The Protection of Children in Armed Conflict*. See also: *Axworthy Announces Initiatives Aimed at Protecting Children in Armed Conflict to the United Nations*.

<sup>204</sup> Department of Foreign Affairs and International Trade, *Canada to Establish Fund for Pilot Cultural Projects to Help Children in Armed Conflict*, Government of Canada, July 24, 1998; [www.dfait-maeci.gc.ca/english/news/press-releases/98\\_press/98\\_179e.htm](http://www.dfait-maeci.gc.ca/english/news/press-releases/98_press/98_179e.htm). See also: Department of Foreign Affairs and International Trade, *Cultural Initiatives for War-Affected Children: Funding Criteria, 1999-2000*, Government of Canada, 1999; [www.dfait-maeci.gc.ca/culture/children/criteria-e.htm](http://www.dfait-maeci.gc.ca/culture/children/criteria-e.htm).

<sup>205</sup> Department of Foreign Affairs and International Trade, *List of Successful Projects — The Cultural Initiatives for Children and Armed Conflict Project*, Government of Canada, 1998; [www.dfait-maeci.gc.ca/culture/children/project-e.htm](http://www.dfait-maeci.gc.ca/culture/children/project-e.htm).

<sup>206</sup> Ibid.

<sup>207</sup> For example, during the Minister's trip to Sudan in January 1999, she met with the parties to the Sudan conflict and called on them to increase their protection of children in war-torn areas through projects for the demobilization of child soldiers.

<sup>208</sup> Norway participated in the Coalition's April 1999 regional African meeting in Maputo.

<sup>209</sup> Hilde Frafjord Johnson, Norwegian Minister of International Development and Human Rights, *Children in War*, speech given March 17, 1999.

<sup>210</sup> This effort emerged in part from the Conference on Protection of Children and Adolescents in Complex Emergencies (Oslo, 1998). The Minister of International Development and Human Rights has explained that Norway's focus on education is due to education's ability to give children and adolescents a sense of continuity and security, an opportunity to develop and address psychosocial trauma, a chance to live a more meaningful life, prevent them from becoming soldiers and help them in the reintegration process both during and after the conflict.

<sup>211</sup> In order to incorporate this into government policy, the Norwegian Foreign Ministry plans to ensure that its own employees working with these issues receive the required training.

<sup>212</sup> Mr. Anders Bjurner, Deputy State Secretary, Ministry for Foreign Affairs, address at the seminar "Challenges of Peace Support: Into the 21st Century," October 20, 1998.

<sup>213</sup> Kristina Hedlund Thulin, *Humanitarian Assistance in Armed Conflicts with a Children's Rights Perspective*, Swedish International Development Agency, January 1999.

<sup>214</sup> *Statement of Government Policy in the Parliamentary Debate on Foreign Affairs*, Swedish government, Wednesday February 10, 1999. See also: Lena Hjelm-Wallén, Address by the Swedish Foreign Minister at the UN Security Council Ministerial Meeting on the Situation in Africa, September 24, 1998. For instance, at the meeting, the Swedish Foreign Minister highlighted the need for the Security Council and the UN system to close the gap between political and humanitarian action in order to relieve the African continent's refugee and internally displaced burden, the use of child soldiers and the proliferation of small arms.

<sup>215</sup> Lena Hjelm-Wallén.

<sup>216</sup> *Statement of Government Policy in the Parliamentary Debate on Foreign Affairs*.

<sup>217</sup> Department for International Development (DFID), *Conflict Resolution Through British Cooperation*. DFID, June 1997.

<sup>218</sup> FCO ensures that Britain's relations with the international community include a human rights component, and diplomatic posts support humanitarian- and human rights-focused projects.

<sup>219</sup> Department for International Development, *Annual Report on Human Rights 1998*, Foreign and Commonwealth Office, Department for International Development, April 1998, pp. 16-17.

<sup>220</sup> Ibid.

<sup>221</sup> Ibid.

<sup>222</sup> Bureau of Population, Refugees and Migration, *Refugee Children and Children in Armed Conflict, FY 1998 Activities*, U.S. Department of State, 1998.

<sup>223</sup> Bureau of Population, Refugees and Migration, *1999 Bureau Performance Plan*, U.S. Department of State, 1999.

<sup>224</sup> Bureau of Population, Refugees and Migration, *Draft Programs for At-Risk Children and Adolescents Allocation Report*, U.S. Department of State, October 1998.

<sup>225</sup> Bureau of Population, Refugees and Migration, *Refugee Children and Children in Armed Conflict*.

<sup>226</sup> This committee brings together experts with a child focus to advise on areas for program or policy development. See website for more information: <http://www.intrescom.org/child.html>.



## ACRONYMS

ADRA	Adventist Development and Relief Agency	IOM	International Organization for Migration
AEF	African Education Fund	IPG	Inter-regional Programming Group (UNICEF)
AIDSCAP	AIDS Control and Prevention Program	IRC	International Rescue Committee
AMREF	African Medical Research Education Foundation	ISCA	International Save the Children Alliance
ARC	Action for the Rights of Children	LCI	Liberian Children's Initiative
ASYA	Apprenticeship Scheme for Young Afghans	LRA	Lord's Resistance Army
BPRM	(U.S.) Bureau for Population, Refugees and Migration	MOH	Ministry of Health
BRP	(U.S.) Bureau for Refugee Programs	MWTT	Mobile war trauma team
CAH	Department of Child and Adolescent Health and Development (WHO)	NGO	Nongovernmental organization
CAP	Children's Assistance Program	NORAD	Norwegian Agency for Development Cooperation
CAW	Children and War (Save the Children)	NRC	Norwegian Refugee Council
CCF	Christian Children's Fund	NWFP	North Western Frontier Province (Pakistan)
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women	OLS	Operation Lifeline Sudan
CEDC	Children in especially difficult circumstances	PTSD	Post-traumatic stress disorder
CHAL	Christian Health Association of Liberia	RH	Reproductive health
CHH	Child-headed household	RHR	Reproductive health for refugees
CIDA	Canadian International Development Agency	RUF/AFRC	Revolutionary United Front/Armed Forces Revolutionary Council
CPCC	Canadian Peacebuilding Coordinating Committee	SIDA	Swedish International Development Agency
CRC	Convention on the Rights of the Child	STD	Sexually transmitted disease
CYP	Community youth promoter	TEP	Teacher's Emergency Package
DFAIT	(Canadian) Department of Foreign Affairs and International Trade	UAM	Unaccompanied minor
DFID	Department for International Development (UK)	UMATI	Family Planning Association of Tanzania
FCO	Foreign and Commonwealth Office (UK)	UN	United Nations
FGM	Female genital mutilation	UNAIDS	Joint United Nations Program on HIV/AIDS
FHI	Family Health International	UNDCP	United Nations Drug Control Program
GTZ	Gesellschaft für Technische Zusammenarbeit	UNDP	United Nations Development Program
GUSCO	Gulu Support for Children Organization	UNESCO	United Nations Educational, Scientific and Cultural Organization
HARP	Health Adolescent Refugees Project	UNFPA	United Nations Population Fund
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome	UNHCR	United Nations High Commissioner for Refugees
IAWG	Inter-agency Working Group	UNICEF	United Nations Children's Fund
ICC	International Criminal Court	USAID	United States Agency for International Development
ICDP	International Conference on Population and Development	WAGGGS	World Association of Girl Guides and Girl Scouts
IDP	Internally displaced person	WCRWC	Women's Commission for Refugee Women and Children
IEC	Information, education and communication	WHO	World Health Organization
IFRC	International Federation of the Red Cross	YPIC	Young People in Crisis



## APPENDIX I

### Selected Readings on Refugee, Internally Displaced and Returnee Adolescents Affected by Armed Conflict

THE WOMEN'S COMMISSION FOR REFUGEE WOMEN AND CHILDREN

JULY 1999

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**Aguilar, Pilar. *Education Case Studies. UNHCR Programme and Technical Support Section, PTSS Best Practices Paper No. 3, May 1998.***

This best practices report on education for refugee children and adolescents, intended to aid the implementation of education projects and increase the participation of refugee girls and adolescents in schools, describes and examines case studies and presents lessons learned. Adolescents are heavily involved in two of the case studies: an education program for refugee girls in Moyo District of Uganda and a program using independent learning centers, an information center and libraries in Tanzania. Other case studies detail the Bangladesh Rural Advancement Committee (BRAC) and the Pilot Project for Cope in Uganda, which provide innovative non-formal education at a primary level in non-refugee settings.

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**Aguilar, Pilar and Gonzalo Retamal. *Rapid Educational Response in Complex Emergencies. Geneva: International Bureau of Education, 1998.***

This discussion document examines a variety of issues and case studies relating to rapid educational responses in emergency and post-conflict situations with an aim to improve the situation of war-affected children, youth, women and adults. The document is divided into four sections. Part One summarizes the policy instruments that advocate education as a child's right. Part Two examines and illustrates the different phases of emergency response using examples and case studies of educational interventions on behalf of refugee, displaced and returnee children in Rwanda, Angola, Kenya, the Republic of Kyrgyzstan and Somalia. Part Three discusses how the basic core of non-formal education may be expanded to cover threats facing war-affected populations, such as mine-awareness education in Afghanistan and peace education in Somalia, Liberia, Burundi and Mozambique. Part Four presents suggestions for the provision of temporary classrooms.

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**Amana, A. *International Rescue Committee Mission Report. International Rescue Committee, September 1997.***

The information contained in this report is based on a review of the needs of adolescent refugees, and whether those needs were being met, in the Kakuma refugee camp in northern Kenya. The review illuminated a number of serious gaps in programming for adolescents, including education. For example, while there are 20 primary schools, there is only one secondary school and two vocational training centers, in all of which adolescent girls are underrepresented. Moreover, due to the lack of data pertaining to adolescents, there is no clear profile of adolescent health. Reproductive health clinics are overcrowded, do not allow for privacy or confidentiality and adolescents do not put faith in the effectiveness of STD treatment there, despite the fact that STDs are a common health problem facing adolescents in the camps. The report describes various projects assisting adolescents and notes that although there is a vocational training center, most graduates are unemployed. The report concludes with a number of recommendations and advocates that a socio-cultural study of the refugees with regard to sexual and reproductive health issues be undertaken and that adolescents be involved in the planning process.

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**Apeadu, Nana. *Report on Baseline Research on Liberian Women and Children Refugees in Ghana. UNIFEM, 1991.***

This report assesses the needs of Liberian women and children living in refugee camps in Ghana in 1991. The report contends that many unaccompanied children have no adult supervision, and that even those who live with their parents lack protection. The author highlights the need for reproductive health care with an emphasis on STD education and prevention; condoms and sanitary material distribution; preventing children bearing children; assistance to female-headed households, the majority of whom are under 25 years old; and preventing young girls from becoming prostitutes and having unwanted babies. The report recommends the establishment of youth clubs to help the large number of refugee

youth overcome traumatic experiences as well as earn an income. The report also proposes utilizing existing skills for income-generating activities as a way to move toward rehabilitation.

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**Apfel, Roberta J., and Simon Bennett.** *On Psychosocial Interventions for Children: Some Minders and Reminders.* UNICEF, May 1995.

This paper identifies and reviews specific psychosocial interventions that have enhanced the resiliency of children as well as interventions that have combined on-going UNICEF programs with psychosocial interventions. The authors assert that the psychological well-being of children in conflict affects not only their own psychological development, but also their future roles in their community or nation. Consequently, they argue that providing children and adolescents with a goal and purpose is a very important method of empowering them. The paper also examines the needs of the caretakers themselves and considers the issue of preventing cycles of violence from one generation to the next.

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**ARC (Action for the Rights of Children).** *International Legal Standards and Policies.* International Save the Children Alliance and UNHCR, 1998.

This training resource is one in a compendium of training materials developed as part of “Action for the Rights of Children— A Training and Capacity-Building Initiative on Behalf of Refugee Children and Adolescents” undertaken by UNHCR and the International Save the Children Alliance. ARC’s primary goal is to increase the capacity of UNHCR, government and NGO field staff to protect and care for children and adolescents during all stages of refugee situations, from emergency interventions until durable solutions. ARC directly links training to field operations, and this resource lays the foundation for teaching others how to protect refugee children and adolescents under international law. It outlines guiding legal principles that provide a basis for action to protect refugee children and adolescents, including those affected by armed conflict (Topic 4), under the Convention on the Rights of the Child and the Geneva Conventions and the Additional Protocols. Other ARC training materials include those termed “Foundations” (in which the International Legal Standards and Policies is included): Fundamental Principles of Child and Adolescent Development; Situational Analysis; Community Mobilization; and those termed “Critical Issues”: Unaccompanied Children; Child Soldiers; Education (including Landmines Awareness and Girls’ Education); Child and Adolescent Preventive Health; Disability; Exploitation and Abuse; and Durable Solutions.

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**Axworthy, Lloyd, Canadian Minister of Foreign Affairs.** *The Protection of Children in Armed Conflict.* Address given to “The Protection of Children in Armed Conflict” conference at Columbia University, February 12, 1999.

This address on the protection of children in armed conflict was given after the author had spoken at the Security Council meeting on the protection of civilians in armed conflict on February 12, 1999. In the address, the Canadian Minister of Foreign Affairs describes the Canadian government’s various initiatives to protect children in situations of armed conflict. In particular, he discusses steps taken to increase knowledge and the political will to act on behalf of children in armed conflict, strengthen international norms, integrate the protection of children in peacemaking and peace support operations, and encourage humanitarian and development programming aimed at war-affected children.

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**Axworthy, Lloyd, Canadian Minister of Foreign Affairs and, at the time, United Nations Security Council President.** *Presidential Statement of the United Nations Security Council.* United Nations Security Council, S/PRST/1999/6, February 12, 1999; [www.un.org/News/Press/docs/1999/19990212.sc6643.html](http://www.un.org/News/Press/docs/1999/19990212.sc6643.html).

This Presidential Statement expresses the United Nations Security Council’s grave concern and condemnation of civilian deaths in armed conflict situations, particularly regarding women, children, refugees and internally displaced persons. It calls on all parties to comply with international standards, including those contained in the Convention on the Rights of the Child. It also requests that the Secretary-General submit a report by September 1999 that recommends ways the Council can improve the physical and legal protection of civilians in armed conflict situations.

**Balian, Hrair.** *Armed Conflict in Chechnya: Its Impact on Children. Case study for the UN: Study on the Impact of Armed Conflict on Children Pursuant to General Assembly Resolution A/RES/48/157, November 1995.* Covcas Center for Law and Conflict Resolution, 1996.

This case study, prepared for the UN *Study on the Impact of Armed Conflict on Children*, reveals gaps within the programs for internally displaced children and adolescents in Chechnya and illuminates the inadequate resources of relief organizations working on behalf of IDPs. With respect to adolescents, it highlights a lack of data pertaining to their numbers and needs and the lack of physical or psychological rehabilitation facilities, recreational activities and educational opportunities. The study also documents the use of children under the age of 18 as soldiers and reveals the Chechen and Ingush belief that youth between the ages of 16-18 in the region are not “children.”

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**Benjamin, Judy A.** “AIDS Prevention for Refugees: The Case of Rwandans in Tanzania.” *AIDScaptions: Volume III, No. 2, July 1996*; [www.fhi.org/en/aids/aiscap/aidspubs/serial/captions/v3-2/CP321.html](http://www.fhi.org/en/aids/aiscap/aidspubs/serial/captions/v3-2/CP321.html).

This article chronicles the AIDS Control and Prevention (AIDSCAP) Program, one of the first large-scale early intervention programs for HIV/AIDS prevention and care in a refugee camp, which was contracted with CARE International in the Benaco refugee camp within four months of the Rwandan genocide and subsequent exodus. It describes the massive refugee influx to the camp, the evidence that revealed a need for such a program, the strategies used by the project to encourage behavior change and the obstacles encountered in trying to do so. One of the targeted populations was adolescent refugees, who were vulnerable to coercive sex, rape and violence; idle, as there were no secondary schools; and shielded from reproductive health information due to cultural barriers. Project staff found that sports events were the most effective medium for reaching young people — particularly young men — with HIV/AIDS prevention messages. For adolescent girls, who have the greatest risk of acquiring STDs and HIV/AIDS and are the most difficult to reach, the project is developing income-generating activities. The author ends by summarizing lessons learned: that flexibility, creativity, cultural sensitivity and patience are needed in planning HIV prevention programming for refugees; that HIV prevention programming must address the vulnerability of women and adolescents; and that program coordination among relief agencies is essential in a refugee setting.

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**Benjamin, Judy A.** *The Gender Dimensions of Internal Displacement: Issues and Actions.* UNICEF and Women’s Commission for Refugee Women and Children, September 1998.

This concept paper identifies the main problems and needs of internally displaced women and girls, who, unlike refugees, do not necessarily have recourse to international assistance and protection mechanisms. The author contends that the needs of adolescent IDPs, like those of adolescent refugees, are largely ignored. Separated from their family structures, adolescent girls are particularly vulnerable to physical and sexual abuse, forced marriage or prostitution, abduction and unwanted pregnancy. Adolescent boys become targets for military conscription, indoctrination, abuse and exploitation. Adolescents also lose educational opportunities, suffer psychological stress and trauma, and experience socialization problems as well as stunted growth. The report concludes that the rights and needs of internally displaced adolescents must be addressed and protected and advocates that adolescents be included in economic activities and health education programs.

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**Bennaars, Gerard A., Huda A. Seif and Doris Mwangi.** *Mid-Decade Review of Progress Towards Education for All. Case Study: Somalia.* International Consultative Forum on Education for All, February 1996; <http://ginie.sched.pitt.edu/peer/index.html>.

The concept of Education for All, which means that every person should be able to benefit from educational opportunities, was introduced to Somalia at the beginning of the civil war in 1991. This case study examines the situation in Somalia in four parts: by placing education within a context; describing efforts to reconstruct education in Somalia, including the initial steps towards the realization of Education for All; critically analyzing the problems involved in the education process, given the Somali crisis; and presenting conclusions and making recommendations to facilitate and promote Education for All in Somalia. In particular, the report singles out the problems of girls and adolescents in receiving education. Of the former, the report notes that drop-out rates increase at an alarming rate in higher grades and states that not enough attention is given to the supply-side factors that hamper the education of girls. Of the latter, the authors report that youth who have had their secondary, vocational, technical and tertiary education opportunities interrupted by the conflict are the most

explosive section of Somalia's population. It describes the various UN and NGO programs for adolescents and urges that initiatives to provide adolescent education be strengthened.

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**Black, Maggie.** "Girls and War: An Extra Vulnerability." *Planet 21: People and the Planet, Volume 7, Number 3, 1998.*

This issue of *People and the Planet* focuses on the girl-child and her particular protection and assistance needs. The article by Maggie Black looks at the roles that girls serve in armed conflict situations, from being sexual slaves, porters and cooks to using weapons. It highlights the particular vulnerability of adolescent girls to sexual violence, rape and the accompanying threat of STDs/HIV in situations of armed conflict as well as in refugee camps. It also notes that in such situations, girls are the first to be pulled out of school and to lose health care services. The author describes the experiences of girls who have been abducted by the Lord's Resistance Army in Northern Uganda and discusses the particular trauma girls experience, including neglect and, if raped, rejection from society.

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**Blomqvist, Ulla.** *Community Participation in a Refugee Emergency — Focusing on Community Mobilization, Women and Youth.* Rädga Barnen, 1995.

This report from the Rwandan camps in the Kagera Region of Tanzania examines working methods that can be used in emergencies to mobilize and actively involve refugees in the community-building process. It describes the latest developments in the camps as well as community mobilization and organization during the emergency phase and the care and maintenance phase. The report then looks separately at women's and youth participation. With regard to the latter, defined as the 15-25 age group, the report states that they are in a state of idleness, frustration and hopelessness, exposed to political manipulation, militia training, crime, drinking, promiscuity and prostitution. It documents the lack of priority status given to the situation of youth in the emergency phase and asserts that particular youth groups need special attention and support, including adolescents (aged 14-18 years) and unaccompanied adolescents, young girls and street children. The report describes targeted program activities to enhance youth participation during the post-emergency and care and maintenance phase, including increased coordination, the development of community centers and micro projects and skills training for self-help, and ends with conclusions and a presentation of lessons learned.

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**Blomqvist, Ulla.** "The Protection of Unaccompanied Children in Large-Scale Refugee and Repatriation Emergencies: Experience from Tanzania and Rwanda." *Oxford: Refugee Participation Network newsletter, September 1997.*

This article examines the achievements, constraints and issues of concern with regard to programs for unaccompanied children within the context of the repatriation and reintegration of Rwandan refugees from Zaire and Tanzania. The article asserts that while unaccompanied children have been the focus of much psychosocial assistance, adolescents and women have not been given enough attention. Adolescents between the ages of fifteen and eighteen are particularly neglected in an emergency and are frequently excluded from assistance for unaccompanied children. Adolescents, particularly street children, girls who have been sexually abused or pregnant due to rape or prostitution, boys who have been exposed to military recruitment or criminal behavior and adolescents without adult support, should be included in community services and emergency programs. The author examines various NGO youth projects developed during the post-emergency phase in refugee camps, including skills training, reproductive health care counseling and sexual assault protection and support, and recommends that these projects be continued after repatriation. She concludes that secondary schools should be rehabilitated, and income-generating opportunities should be created.

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**Bobillier, Claude, Ann Avery and Margaret Sinclair, eds.** *Sourcebook for Refugee Skills Training.* Geneva: UNHCR, PTSS, May 1996.

This sourcebook draws upon the experience of groups working to support refugee skills training — the process by which persons learn to produce goods and perform services — so field workers can improve and plan new skills training projects that will be relevant to refugees. It discusses which factors should be taken into account when planning such projects and urges designers to think about what happens after training, in terms of how ex-trainees will apply their new skills and what they can expect as a result of their training. The main message of the source-

book is that skills training includes not only being introduced to a skill, but also practicing it. Consequently, training programs must plan a practice phase as well as a training phase. The sourcebook describes how to design the situation analysis for refugee skills training programs; examines the range of training possibilities, including apprenticeships, resource centers, fixed or mobile training centers and training for self-help groups; and provides advice on management and administration. It also presents case studies on training projects, the majority of which include adolescents, in Pakistan and Afghanistan, Tanzania, Uganda, Malawi and Mozambique, Kenya, Ethiopia and El Salvador.

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**Bonnerjea, Lucy. "Family Tracing and Children's Rights: Some Questions About the Best Interests of Separated Children." *Disasters*, Volume 18, Number 3, 1994.**

When children and adolescents are separated from their families, they lose their entire social infrastructure, including their security, stability, safety and family/community roots. Consequently, in this article author Lucy Bonnerjea suggests that social reconstruction must accompany physical reconstruction after a conflict. In order for this to succeed, family tracing and the reunification of separated children must begin during the emergency phase of a conflict, or as soon thereafter as possible. Paramount to this effort, she says, is that disaster intervention programs, including family tracing, need to build upon traditional coping mechanisms within communities, as these mechanisms are part of the social infrastructure. She looks in depth at the four stages of family tracing: identification, documentation, tracing and reunification. In each of these stages, the author contends that those making the decisions must have the best interests of the child in mind.

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**Boothby, Neil, Peter Upton, and Abubacar Sultan. *Children of Mozambique: The Cost of Survival*. Institute of Policy Sciences and Public Affairs, Duke University, February 1991.**

This document examines the lives of the two-thirds of Mozambican children who survive beyond the age of five, how they survive and what can be done to help them. Children are both victims and tools of armed conflict in Mozambique, and they have suffered abduction, torture, forced labor, rape and child soldiering. The first half of the document examines the impact of conflict on children through interviews with 504 children aged 6-15 (and a few older than 15). These interviews reveal that 77 percent witnessed the murder of civilians, 37 percent witnessed the murder of family members, 88 percent witnessed torture or physical abuse and 51 percent were tortured or physically abused themselves.

The second half of the document provides an overview of the psychological impact of conflict on children and examines the effectiveness of programs for these children. The authors point out that although children suffer major symptoms of psychological distress, the bulk of the government and international organization effort has focused on children's physical survival needs. Consequently, the psychological needs of children have not been met. The authors claim that nothing is known about the long-term psychological affects on adolescents, who have grown up in opposition military camps, and young women. The document discusses strategies to prevent further physical and psychological harm and advocate for a holistic approach. The authors assert that family and community support and training, constructive activities and group intervention methods are needed. The document concludes that although psychological programs have short-term potential, they are limited in the long term because lasting security and protection can only come through the cessation of conflict and political settlement.

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**Borgen, Jan. *Internally Displaced Persons: An NGO Perspective on Protection*. Norwegian Refugee Council, 1994.**

This paper, presented at PARinAC (Partners in Action) Conference in Hungary 1994, is an action-oriented checklist of activities for NGOs working on behalf of internally displaced persons. The paper highlights the human rights role of humanitarian NGOs working to protect IDPs. Although none of the areas are child-specific, this paper lends itself to the protection of IDP children. The paper identifies ten activity areas in which NGOs and UNHCR should consider cooperating on behalf of IDPs, including providing physical protection, early warning, human rights monitoring, and technical assistance. The author briefly discusses each activity area and then recommends steps to be taken by NGOs and UNHCR.

**Bowles, Newton R. *Traumas of Childhood*. August 1995.**

This paper discusses the developmental implications of armed conflict for children and adolescents, in terms of both physical and mental trauma. Drawn from intervention experiences, the author outlines and discusses strategic approaches and guidelines for the protection, healing and restoration of children that should be utilized for analysis, planning and action. The guidelines, which need to be adapted and elaborated upon for different contexts and cultures, advocate a community approach that takes indigenous healing and coping strategies into account and interventions that combine individual and group therapy. The author specifically addresses the issue of child soldiers and also describes interventions on behalf of children affected by war trauma in various countries, including a self-help and healing project for adolescents in Guatemala. Finally, the paper assesses UNICEF's efforts to end childhood trauma through an examination of its work to counter child abuse, sexual exploitation and child labor.

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**Boyden, Jo. "Children's Experience of Conflict-Related Emergencies: Some Implications for Relief Policy and Practice." *Disasters*, Volume 18, No. 3, September 1994.**

The author contends that humanitarian interventions too often use an inappropriate "apocalypse model" of conflict, which focuses on vulnerable groups of children at the expense of larger child populations indirectly affected by conflict, sees intervention only as repair and characterizes children as passive victims. Instead, she writes that children are active survivors and relief workers and policy/strategy-makers must recognize children's resilience, coping capacities and wider social experience in conflict situations. This article explores the various theories of childhood and child development and asserts that interventions must utilize indigenous coping mechanisms and local capacities rather than universalistic and over-simplified Western interpretations of children's experience of conflict.

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**Brett, Rachel, Margaret McCallin and Rhona O'Shea. *Children: The Invisible Soldiers: Report on the Participation of Children in Armed Conflicts and Internal Disturbances and Tensions for the United Nations Study on the Impact of Armed Conflict on Children*. Geneva: Quaker United Nations Office and International Catholic Child Bureau, 1996.**

Based on case studies, this report provides an overview of the problem of child soldiers: who they are; their recruitment and treatment while in an army; and the processes of demobilization, rehabilitation and reintegration. The report contends that children separated from families are the most likely to become child soldiers and that many problems determining the numbers and ages of child soldiers arise from lack of documentation. The authors assert that rehabilitation and reintegration should not be treated as ends in themselves and emphasize the need for educational/vocational opportunities and physical and emotional well-being efforts, which are more likely to succeed when the community, family and children themselves are involved.

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**Briggs, Jimmie. "Genocide's Children." *Emerge*, May 1999.**

This article examines how Rwanda's children and youth live with the legacy of war and genocide. In particular, the author looks at the situation of unaccompanied children, child-headed households, street children and detained children. He also explores the programs and resources, or lack thereof, available to help these groups of war-affected children.

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**Bui, Diana D. *A Snapshot in Time: Improvements in the Conditions of Refugee Women and Children in Detention in Hong Kong*. Women's Commission for Refugee Women and Children, June 1991.**

This follow-up to an earlier Women's Commission's report on the situation of Vietnamese women and children refugees and asylum-seekers in Hong Kong highlights the changes made since January 1990. The report notes the various improved conditions in detention centers, such as the provision of recreational activities and the reopening of schools. However, although a new school outside of the detention center has been built, it is only for elementary aged children. The report also highlights the lack of opportunities for young refugees, who should have graduated from high school or found employment. Moreover, at the time of its writing, the report noted that protection from sexual violence was still lacking, and UNHCR had not yet appointed a child protection officer.

**Bureau for Refugee Programs. *UNHCR Guidelines on Refugee Children, A Survey of Their Implementation After Three Years.* U.S. Department of State, Washington, D.C., September 1991.**

This evaluation of the implementation of the 1988 UNHCR Guidelines on Refugee Children, which are intended to form the basis upon which UNHCR acts on behalf of refugee, IDP and returnee children, took place in 1991. The Bureau for Population, Refugees and Migration's precursor, the Bureau for Refugee Programs of the U.S. Department of State, found that the Guidelines were worth implementing, but that their existence had not yet improved the services offered to refugee children. The review reports that the standards in the Guidelines were not used in program planning or budget requests, nor had the Guidelines improved the services offered to refugee children. It also provides the Bureau's specific findings in terms of the identification of refugee children; birth registration and statelessness; safety and liberty; primary health care; disable children, mental health and child development; education; cultural, social and recreational needs; unaccompanied minors; and children in non-parental units. Within these areas, adolescents are only mentioned with regard to forced military or paramilitary recruitment and (lack of protection from) sexual abuse, resulting in rising adolescent pregnancies.

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**Bureau of Population, Refugees, and Migration. *Refugee Children and Children in Armed Conflict: Fiscal Year 1998 Activities.* U.S. Department of State, Bureau of Population, Refugees, and Migration, 1998.**

This document provides an overview of the activities in support of refugee children funded by the U.S. Bureau of Population, Refugees, and Migration (BPRM) during 1998. It states that the BPRM's contribution of over \$7 million supports the Administration's and Congressional commitment to meeting the needs of refugee children. The document reproduces excerpts from the BPRM's Bureau Performance Plan that pertain to child protection; the response capacity and standards of care of international organizations, nongovernmental organizations and USG agencies; voluntary repatriation and reintegration; and international migration. It then lists and briefly describes the programs which BPRM funds in support of refugee children, including global and regional initiatives of the UNHCR, UNICEF, the International Rescue Committee, Lutheran World Federation, CARE and Save the Children.

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**Cantwell, Nigel. *Protection of Children in Situations of Armed Conflict: A Preliminary Review of Some Issues.* Paper prepared for the Machel Study in cooperation with the Economic Commission for Africa, 1995.**

This paper, presented in 1995 at the Regional Consultation on the Impact of Armed Conflict on Children in Ethiopia, asserts that certain groups of children are more vulnerable than others and states that one such group is adolescents. However, the particular vulnerabilities and dangers facing adolescents, including conscription, sexual abuse and exploitation, are still not always taken into account. The paper identifies specific circumstances that facilitate major violations of children's rights and briefly discusses efforts that could reduce their occurrence. Finally, the author examines the secondary effects of armed conflict, such as trauma, and recommends ways in which to reduce their occurrence.

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**Cape Town Symposium participants. *Cape Town Annotated Principles and Best Practice on the Prevention of Recruitment of Children into the Armed Forces and Demobilization and Social Reintegration of Child Soldiers in Africa.* Document from the Cape Town Symposium, April 1997; [www.crin.ch/war/cape2.htm](http://www.crin.ch/war/cape2.htm).**

This document was adopted by the participants of the 1997 Symposium on the Prevention of Recruitment of Children into the Armed Forces and Demobilization and Social Reintegration of Child Soldiers in Africa. It begins by defining key concepts, such as child soldier, demobilization and psychosocial. The document then sets forth recommendations to governments, humanitarian organizations and the international community for the prevention of child recruitment, demobilization and return to family and community life, such as the need to give access to secondary education and vocational training to all children, including refugees and IDPs. It also asserts that special attention and protection must be afforded to those most at risk of recruitment, including adolescents in conflict zones and separated from their families.

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**CARE. *Landmine Information Center.* CARE, 1998; [www.care.org/info\\_center/sr\\_landmines.htm](http://www.care.org/info_center/sr_landmines.htm).**

This website contains the latest facts about landmines, news articles and audio reports on landmines, information on CARE's landmines programs and related links to other websites. It provides a list of humanitarian landmine

programs around the world, highlighting over fifty organizations, including NGOs and governments, and their anti-landmine programs. Each organization's activities are briefly described, including rehabilitation services and social and economic reinsertion for victims, and the location of the program and other details are listed. The website also provides a link to CARE's Landmines Awareness Photo Exhibit.

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**Carr, Canon Burgess.** *Protection of Children in Situations of Armed Conflict: Lessons from the Liberian Experience.* Geneva: International Council of Voluntary Agencies, 1996.

This paper reveals that during the last five years of conflict, at least 50-60 percent of civilians killed in the Liberian civil war were children. It briefly discusses the various affects that armed conflict has had on children in Liberia, such as trauma resulting from children witnessing as well as participating in the atrocities, loss of family and relatives, injury due to mines, lack of health care and lack of schooling. The author articulates five important lessons in protecting children during armed conflict drawn from the Liberian experience, including the importance of protecting the family and community authority structure during the conflict and revising the educational curriculum to include peace education after the conflict.

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**CCF (Christian Children's Fund).** *Initiatives for Angolan Children and Youth Futures: CCF Angola Proposal.* CCF, 1998.

This document presents the Christian Children's Fund's (CCF) proposal to extend, develop and implement a community-based program of psychosocial assistance for war-affected children and youth in rural and urban areas of Angola. The goal of the project is to improve the psychosocial well-being of children between the ages of 12 and 18 in eight provinces. Specific objectives include providing youths with job- and life-skills training; enabling youths to participate in income-producing activities; and activating community relief, rehabilitation and development projects. The project also helps children and youth develop positive values, prosocial behavior and positive parenting skills. The proposal examines why these services are needed, provides information on two predecessor projects in Angola, the Province-Based War Trauma Training Project as well as the Reintegration of Underage Soldiers Project, and explores current challenges and opportunities for these projects. The document then describes the proposed program activities, monitoring and evaluation, budget and project management structure. This proposal has since been fully funded by USAID's Displaced Children and Orphans Fund, and it is being implemented over three years.

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**CERPOD (The Centre for Applied Research on Population and Development).** *Reproductive Health in the Sahel: Youth in Danger.* Mali: CERPOD, June 1997.

This booklet presents the results of a regional survey on adolescent (ages 15-19) reproductive health. The study, which was undertaken to gain a better understanding of the importance and evolution of adolescent sexual behavior and reproductive health, included five West African countries: Burkina Faso, Gambia, Mali, Niger and Senegal. The booklet briefly addresses the adolescent-specific medical, economic and social elements of reproductive health and then presents the findings on issues such as early marriage; sex before marriage; adolescent mothers; knowledge and attitudes towards reproductive health, STDs/AIDS, and family planning; and the specific use of contraceptives by adolescents. The results expose complex and urgent problems, particularly in relation to the lack of knowledge of STDs/AIDS and the obstacles to access to prevention of STDs and family planning. The booklet ends with a number of conclusions and recommendations for each issue.

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**Chongcharueyskul, Charoensak, ed.** *Consortium '88-90, Phanat Nikhom, Thailand.* The Consortium (World Learning, Inc., World Education and Save the Children), 1990.

This report provides an overview of the Consortium's (World Learning, Inc., World Education and Save the Children) programs in the Phanat Nikhom refugee camp in Thailand, which ran from 1980-1990 and provided English language courses, cultural orientation and work orientation for US-bound refugees. The report describes the PASS (Preparation for American Secondary School) program, which prepared refugee students aged 12 to 19 for the process of adapting to learning in American secondary schools. This was accomplished through education in basic skills and subject areas, such as language, reading and writing, math, cultural information, interpersonal

skills and coping strategies. The PASS program also had a specific curriculum for 17-19 year-olds, which included a work orientation component in addition to educational learning in order to familiarize young adults with some behavioral and skills requirements of the American workplace.

*See also:* DiGregorio, Michael and Nick Bartel. *Making the Grade: English as a Second Language in Preparation for American Secondary Schools*; DiGregorio, Michael. *Step by Step: Leveled ESL Worksheets in Preparation for American Secondary Schools*; and Ligon, Fred, ed. *Working it Out: Introduction to Math in Preparation for American Secondary Schools*.

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**Cliff, Julie and Abdul Razak Noormahomed. "The Impact of War on Children's Health in Mozambique." *Social Science Medicine*, Vol. 36, No. 7, 1993.**

This article looks at children's health in Mozambique by examining the war's effect on socio-economic conditions, women's health and access to health services. The article notes that the war has deprived a generation of children of education and that adolescent-specific programs are non-existent. Furthermore, although children have suffered both physically and psychologically, health care services in Mozambique have been reduced. The article examines coping mechanisms and contends that physically and psychologically scarred children and returning child soldiers will need special attention.

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**Clinton, Hillary. *Remarks by the First Lady at Makerere University, Kampala, Uganda. The White House, Office of the Press Secretary, March 25, 1998.***

In this speech at Makerere University in Kampala, Uganda, Mrs. Clinton discusses the need to protect children affected by armed conflict, particularly those in northern Uganda abducted by the Lord's Resistance Army (LRA). She highlights the plight of girls and boys abducted and announces new steps that the US Government will take on their behalf. One such step is the provision of \$500,000 through USAID to local groups working to find and care for abducted children. She also states that the US Government will increase pressure on Sudan to end its support for the LRA and its abduction of children and will provide funding for a new Northern Uganda Initiative to help people plagued by rebel activity get jobs rebuilding their communities (schools, health clinics, roads, etc.).

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**Cohen, Craig and Noah Hendler. *Looking Toward Home: Internally Displaced Adolescents in Azerbaijan. Women's Commission for Refugee Women and Children, July 1999.***

This photo essay documents the situation of internally displaced adolescents in Azerbaijan through photographs and an essay containing the stories of the displaced adolescents and community members themselves. In the essay, adolescents express their desire to regain their childhood, independence and adolescence, all of which were taken from them by the conflict with Armenia over Nagorno-Karabakh and their ensuing displacement. The essay says that as they grow up away from their homeland and the support that it affords, and while a political solution to their displacement is elusive and assistance decreases, adolescents are denied access to the cultural and recreational activities which promote their physical and cognitive development. The photo essay reveals the neglect of adolescents' developmental needs, including education, vocational training and basic living conditions, such as gas, water and electrical power. It describes how the best interests of adolescents are often overlooked out of economic necessity during displacement. The photo essay ends with a fictional story created by eight internally displaced adolescents, which reflects their own experiences and difficulties overcoming the lack of hope during displacement.

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**Cohen, Craig and Noah Hendler. *Nta Nzu Hagira Inkigi/No Home without Foundation: A Portrait of Child-headed Households in Rwanda. Women's Commission for Refugee Women and Children, December 1997.***

This photo essay provides a look into the lives of children in Rwanda who are living and raising families without adult support or supervision. The essay highlights the immense responsibilities and self-sacrifice of these children, as well as their vulnerability to neglect, exploitation and abuse. These children also suffer from lack of education, vocational training and property rights. The photo essay reveals their transition from childhood directly to adulthood through their own telling of their new lives.

**Cohen, Roberta and Francis M. Deng, eds. *The Forsaken People: Case Studies of the Internally Displaced*. Washington, DC: Brookings Institution Press, 1998.**

This book contains case studies of countries or regions that have severe internal displacement problems: Burundi, Rwanda, Liberia, Sudan, the former Yugoslavia, the Caucasus, Tajikistan, Sri Lanka, Colombia and Peru. Each chapter explores such issues as the historical and political background to displacement, the causes and characteristics of displacement and the international response. Finally, each chapter ends with recommendations and strategies, offered by the contributors and editors, for action on behalf of the IDPs.

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**Colletta, Nat J., Markus Kostner and Ingo Wiederhofer. *The Transition from War to Peace in Sub-Saharan Africa*. Washington, D.C.: The World Bank, 1996.**

The premise of this book is that demobilization and reintegration programs (DRPS) for ex-combatants are fundamental elements of the transition from conflict to peace. Thus, the authors examine ways to determine the impact of DRPS on ex-combatants through an exploration of best practices for improving the design and implementation of DRPS and the identification of high-impact, cost-effective program elements. The authors also outline a series of early warning signals of what can go wrong in DRPS and suggest preventive actions. They note that women and child ex-combatants should receive preferential access to program components and advocate that ex-child soldiers have access to education, receive psychosocial counseling and be reunited with their families or placed in foster care. The book provides an in-depth examination of the DRPS experiences of Ethiopia, Namibia and Uganda; briefly discusses the experiences of Angola, Eritrea, Mozambique, Rwanda and Zimbabwe; and presents the key lessons learned from all DRPS. Through these case studies, the need for prevention and reconciliation in the transition from war to peace is highlighted, and three interwoven phases of any DRP are identified: demobilization, reinsertion and reintegration.

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**Colletta, Nat J., Markus Kostner, and Ingo Wiederhofer with the assistance of Emilio Mondo, Taimi Sitari and Tadesse A. Woldu. *Case Studies in War-to-Peace Transition: The Demobilization and Reintegration of Ex-Combatants in Ethiopia, Namibia and Uganda*. Washington, D.C.: The World Bank, 1996.**

This book provides comprehensive and in-depth information on the demobilization and reintegration experiences of ex-combatants in Ethiopia, Namibia and Uganda. Each case study is examined in terms of the background to the conflict; the target groups, including targeting mechanisms; and the design, process and impact of demobilization, reinsertion and reintegration. The book also examines the institutional structure of these processes, program financing and costs, donor involvement and management issues. The book highlights lessons learned from the case studies, including the lesson that the particular problems faced by females and child soldiers justify the development of targeted interventions.

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**Crossette, Barbara. "AIDS is Blamed for Reversing Health Gains in Poorest Countries." *The New York Times, International Section*, December 1, 1998.**

In this New York Times article, Carol Bellamy, Executive Director of UNICEF, contends that the health improvements that were being made in 23 countries, largely sub-Saharan Africa, are being reversed by the spread of HIV/AIDS. The article states that the AIDS pandemic, accompanied by an increase in violence and disruption caused by civil wars, is forcing agencies dealing with children to rethink priorities and introduce new programs on behalf of adolescents, as AIDS strikes the 10-24 age group the hardest. It highlights the fact that UNICEF is focusing more on adolescent advocacy, information and service programs in order to control the pandemic. It also notes Ms. Bellamy's belief that adolescent sex education should become a focus of program work, despite the fact that such work is not particularly popular with donors.

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**Dastoor, Tehnaz J. and Jane S.P. Mocellin. *Mine-Related Problems in Angola*. New York: UNICEF, Office of Emergency Programmes Working Paper Series, December 1997.**

This working paper examines the profile of Angolan child victims of landmines as well as the psychosocial implications for them. The paper explores the different levels of trauma experienced by children; investigates the physical

and psychosocial rehabilitation and social reintegration programs for war-affected Angolan children, including those affected by mines; and highlights the lack of psychosocial programs for child victims of mines. The paper gives the example that although ICRC and Handicap International programs offer physical rehabilitation in Huambo and Bie, no psychosocial programs are offered. Moreover, 99 percent of those treated at ICRC orthopedic centers are adults, suggesting a serious lack of treatment for child victims. Thus, the paper recommends a multi-disciplinary approach that integrates children's needs into social, orthopedic, educational and community-based capacity-building programs for psychosocial rehabilitation. The paper also highlights the lack of reliable data, particularly within the context of UNICEF Angola's Mine Action Program, and recommends the creation of a data-bank for psychosocial documentation of war-affected children as well as an increase in vocational training for mine-affected children.

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**David, Kelly.** *The Disarmament, Demobilization and Reintegration of Child Soldiers in Liberia: 1994-1997: The Process and Lessons Learned.* UNICEF-Liberia and the US Committee for UNICEF, March 1998.

As many as 15,000 of Liberia's 1.4 million children have served as soldiers in the civil war. The first part of this report provides an overview of Liberia's civil war as well as of the phenomenon of child soldiers, including statistics and profiles of child soldiers. Of those demobilized, 69 percent were between the ages of 15 and 17 when they were demobilized. Reasons for joining are examined, as is the role and treatment of children and the physical and psychological consequences of their participation. The report documents overly aggressive boys who are prone to violence and girls who lost their childhood while being thrust into motherhood at ages as young as eleven. The second half of this report examines the 1997 effort of the UN, the Economic Community of West African States, the West African peace keeping force ECOMOG and the international and national humanitarian community in Liberia in processes of disarmament, demobilization and reintegration. The report analyzes the conceptual framework and implementation of the three stages, notes the individual programs offered, provides observations and an examination of the problems and gaps within each stage. The report concludes that skepticism and the withholding of resources undermined preparation, which resulted in flawed implementation. The report recommends, among many other things, that the disarmament and demobilization of child soldiers be included in future peace agreements and special efforts be made to reach child soldiers and inform them about the process before demobilization begins.

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**Davidson, Sara with an introductory analysis by Louisiana Lush.** "What is Reproductive Health Care?" Oxford: *Refugee Participation Network newsletter 20*, November 1995.

This article contends that sexual violence awareness, STD/HIV prevention, family planning and birth spacing for refugees and IDPs are neglected reproductive health care services. In particular, there is a dearth of reproductive health care programs that address the needs of adolescent girls, despite the fact that early marriage and pregnancy are causes of poor health. The author notes that the 1994 International Conference on Population Development (ICPD) in Cairo examined the issue of reproductive health care for adolescents, including IDPs and refugees, and, for the first time, incorporated these issues in the Plan of Action and final document. This was taken a step further in Beijing at the UN Women's Conference where reproductive health was placed within the context of reproductive rights and human rights.

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**Deng, Francis.** *Guiding Principles on Internal Displacement.* United Nations, UN Doc. E/CN/1998/53/Ad.2, 11 February 1998.

These principles address the specific needs of internally displaced persons throughout the world and identify the rights of IDPs during displacement, return or resettlement and reintegration. They provide a definition of internally displaced persons and are meant to be used as widely as possible. Principles 4, 11, 13, 17 and 23 articulate the special attention and treatment afforded to the protection and assistance needs of displaced children and adolescents, unaccompanied minors and female heads of households. In particular, Principle 13 prohibits displaced children from being recruited into or taking part in hostilities, and Principle 23 states that education and training facilities should be made available to IDPs, especially adolescent IDPs.

**Derviskadic-Jovanovic, Sanja and Anica Mikus Kos. "What Can We Do to Support Children Who have been Through War?" Refugee Studies Programme and the Global IDP Survey: *Forced Migration Review*, Issue 3, December 1998.**

This article documents the philosophy and activities of the Center for Psychosocial Help to Refugees at the Slovene Foundation, Ljubljana, with regard to the psychosocial support given to adolescent refugees from Bosnia and Herzegovina. It states that the consequences of war on children and adolescents may not be as psychologically devastating as presented by many professionals. However, the authors found a need for helping children and adolescents reduce their suffering and traumatization through supporting and developing their own natural support system. They assert that a structured life inclusive of normal developmental tasks will protect children's mental health, and as such, the Center prioritizes the normalization of children's lives by incorporating them into schools and confronting them with usual tasks and activities, paying attention to the broader social context. The authors make a number of recommendations based on the Center's experience and conclude that establishing a good relationship, displaying a caring attitude and concern for the basic material needs of refugees and developing comprehensive and broad programs play a more important role in the psychosocial well-being of refugee children and adolescents than psychotherapeutic and other specialized interventions.

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**Devadoss, M., Gonzalo Retamal and Mark Richmond. *The UNESCO PEER Experience*. UNESCO PEER, 1996; [ginie.sched.pitt.edu/peer/index.html](http://ginie.sched.pitt.edu/peer/index.html).**

This document, presented at the UNICEF/UNESCO Mid-Decade Review of Progress toward Education for All (EFA) in Johannesburg, South Africa in 1996, provides an overview of UNESCO PEER (Program of Education for Emergencies and Reconstruction). It describes how and when UNESCO PEER began its existence and outlines PEER's mission and mandate, which includes meeting the educational needs of vulnerable groups, such as children traumatized by crisis, particularly girls, and unemployed/uneducated and armed youth, in its educational interventions. The document discusses the educational problems addressed by PEER and lists PEER's eight principles and policies for emergencies and reconstruction. Included in the latter are the rapid re-establishment of basic education, the use of appropriate delivery methods and encouraging community participation and ownership. It also reviews the methodology and modus operandi of PEER and describes the program activities, products and outcomes of PEER programs in Somalia-Horn of Africa and Rwanda, including non-formal education with an emphasis on youth education.

*See also:* Chongcharueyskul, Charoensak, ed. *Consortium' 88-90, Phanat Nikhom, Thailand*; DiGregorio, Michael. *Step by Step: Leveled ESL Worksheets in Preparation for American Secondary Schools*; and Ligon, Fred, ed. *Working it Out: Introduction to Math in Preparation for American Secondary Schools*.

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**DiGregorio, Michael. *Step by Step: Leveled ESL Worksheets in Preparation for American Secondary Schools*. The Consortium (World Learning, Inc., World Education and Save the Children) 1987.**

This student handbook, the third in a set of four student workbooks, was developed for the Consortium's (World Learning, Inc., World Education and Save the Children) Preparation for American Secondary Schools program (PASS) for refugee education in Panat Nikom, Thailand. The handbook provides information to US-bound refugee students preparing to enroll in American secondary schools about American health, hygiene and safety issues.

*See also:* Chongcharueyskul, Charoensak, ed. *Consortium' 88-90, Phanat Nikhom, Thailand*; DiGregorio, Michael and Nick Bartel. *Making the Grade: English as a Second Language in Preparation for American Secondary Schools*; and Ligon, Fred, ed. *Working it Out: Introduction to Math in Preparation for American Secondary Schools*.

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**DiGregorio, Michael and Nick Bartel. *Making the Grade: English as a Second Language in Preparation for American Secondary Schools*. The Consortium (World Learning, Inc., World Education and Save the Children), 1987.**

The Consortium's (World Learning, Inc., World Education and Save the Children) Preparation for American Secondary Schools program (PASS) began in 1985 with the goal of preparing US-bound refugee students for studying in American schools. This teacher's handbook, which provides outlines for PASS student lessons, incorporates ideas from teachers, supervisors and coordinators who have worked in Panat Nikom, Thailand. The handbook contains lesson plans that facilitate learning through an introduction and orientation to American students, classrooms and schools by studying such topics as the home and family, school schedules, physical education and the school cafeteria.

**Displaced Children and Orphans Fund. *The Displaced Children and Orphans Fund, 1998 Overview.* Washington, D.C.: USAID, October 1998.**

This document provides an overview of the Displaced Children and Orphans Fund's mission and activities. The Fund, which was created in 1989, helps to address the displacement needs of three groups of children: street children, children orphaned by HIV/AIDS and unaccompanied children affected by war. It emphasizes the importance of family and community-based care rather than institutionalization. The document states that one of the primary areas of the Fund's assistance has been to war-affected unaccompanied children in Angola, Liberia, Rwanda, Mozambique and the former Yugoslavia. It also provides a brief summary of the Fund's activities, including those for war-affected children in Angola, Liberia, Sierra Leone (pending), Sri Lanka and Uganda (pending).

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**Djeddah, Carol and P.M. Shah. *The Impact of Armed Conflict on Children: A Threat to Public Health.* Geneva: World Health Organization, Family and Reproductive Health and the Division of Emergency and Humanitarian Action, June 1996.**

Given the WHO principles that health comprises physical, mental and social elements, this report, prepared for the United Nations study on the Impact of Armed Conflict on Children, examines the impediments that armed conflict imposes on the health of children and adolescents, including normal psychological, cognitive, social and moral development. The report also explores the biomedical, psychological and social pathology patterns of war-affected children; the health and social costs of not protecting children's normal development; and the physical and psychosocial health implications of child soldiering, unaccompanied children and gender-based inequities such as rape and other forms of violence. The study provides a table on the adolescent stage of development, which lists adolescent health needs, psychosocial needs, the direct and indirect effects of war on adolescents and the health and development consequences. The report notes that adolescents have a higher risk of psychosocial dysfunction, aggressive and delinquent behavior and substance abuse and suicide. Furthermore, adolescents are less likely to seek health care and lack reproductive health care services. Despite these serious problems, adolescents are neglected by protection and assistance providers. The report looks at the role of health personnel in armed conflict and ends with a number of technical recommendations to them for work prior to, during and after armed conflict.

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**Draisma, Frieda and Eunice Mucache. *Physical and Psychological Recovery and Social Reintegration of Child Soldiers: The Experience of Mozambique.* Report for Cape Town Symposium, April 23-30, 1997.**

This paper, presented at the 1997 Cape Town symposium on the prevention of recruitment of children into armed forces and demobilization and social reintegration of child soldiers in Africa, explores the recruitment and treatment of child soldiers during armed conflict in Mozambique and examines demobilization, rehabilitation and reintegration programs and their effect on children and adolescents. The paper critiques the few specific efforts to demobilize minors during the war and examines the implications of the non-recognition of the existence of child soldiers under the general demobilization program after the General Peace Agreement. It concludes that several hundred child soldiers were reunited with their families without the benefits of demobilization or social reintegration programs, despite the fact that adolescents have particular needs during reintegration because they lack both formal education and vocational/skills training opportunities. Moreover, although more than 25,000 soldiers who took part in the official demobilization process after the war were recruited under the age of 18, the design of the reintegration program did not take this into account nor have any studies tackled the issue of demobilized soldiers who were minors at the time of recruitment. The paper also critiques the Mozambican government's National Family Tracing and Reunification Program and examines girl-specific reintegration problems that need special attention and programming initiatives.

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**Dyregrov, Atle and Magne Raundalen. *Children in Warfare and Their Special Needs.* Norway: Center for Crisis Psychology, 1995.**

This paper, presented at the Third World Congress on Stress, Trauma and Coping in the Emergency Services Profession in 1995, examines the special needs of children in war situations, looks at way in which these needs are determined and asserts the necessity of attending to these needs. The authors discuss the strategies used to reach war-traumatized children, including helping the helper and caretaker, who provide an active and supportive adult

environment; trauma first-aid — or expressing trauma through drawing, singing, dancing; the use of prayer and religious rituals; and helping children express and understand what they have experienced in ways that are adapted to the child's culture. They also emphasize the resilience of children and recommend building upon local and regional capacity and educating and training adults about children and trauma.

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**European Parliament. *Resolution B4-1078. European Parliament of the European Union, December 17, 1998.***

This resolution of the European Parliament rejects the use of child soldiers in armed conflict and asserts the Parliament's belief that an additional protocol to the CRC should be adopted, banning the recruitment and participation of children under eighteen. Toward this end, it calls upon the European Union to support international initiatives and to adopt such laws in their own countries. The resolution also calls upon the European Commission to direct resources toward demobilizing and reintegrating children who have participated in armed conflicts.

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**Evans, Judith L. *Children as Zones of Peace: Working with Young Children Affected by Armed Violence. The Consultative Group on Early Childhood Care and Development, Coordinator's Notebook #19, 1996.***

Although parts of this report focus on young children, much of the paper describes the impact of violence on all children and explores interventions on their behalf. The report examines the variables that influence how children are affected by organized violence, such as displacement, being an unaccompanied child, living in refugee camps and psychological trauma. The author asserts that the impact of conflict on children depends partly on the intensity and duration of these variables, the age of the child, socio-cultural factors and the stage of the emergency. Consequently, these factors must be understood and taken into account when developing interventions and programs on behalf of children in armed conflict. The report also sets forth a number of principles for working with children affected by armed conflict, including using the Convention on the Rights of the Child as a programming and advocacy tool, proclaiming "Children as Zones of Peace," emphasizing holistic and integrated services and the importance of education and capitalizing on the effectiveness of community-based approaches. It also explores the prevention of armed conflict through peace education, child-to-child strategies and utilizing the media.

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**Family Health International. *Adolescent Reproductive Health. Network, Volume 17, Number 3, Spring 1997; reservoir.fhi.org/en/fp/fppubs/network/v17-3/index.html.***

This volume of Network, Family Health International's quarterly health bulletin on family planning and reproductive health, is entirely devoted to issues of adolescent reproductive health. The journal's nine articles discuss adolescent specific reproductive health issues and present findings to help prevent adolescents from making up a disproportionate share of unplanned pregnancies, STDs and HIV and other serious reproductive problems. Articles cover such subjects as the importance of good counseling in helping adolescent males choose contraceptive methods; the necessity of incorporating gender perspectives into education, services and training; the importance of sexual health education in protecting adolescent health and delaying sexual behavior; and the need to understand the psychological and social pressures facing adolescents when designing reproductive health programs. Other articles discuss the ways in which to help adolescent reproductive health programs succeed, such as involving adolescents in program planning and offering better access to services; explore how the effective use of the media can contribute to better adolescent health; describe one woman's experiences with the Women's Centre of Jamaica Foundation's program for adolescent mothers; and provide an update on the N-9 film effect on STDs. Although these issues are not specific to adolescents in armed conflict, they are applicable to all adolescents.

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**Family Health International. *Health of Adolescent Refugee Project. Family Health International and the World Association of Girl Guides and Girl Scouts, December 1998.***

This report describes and provides a wealth of information on the Health Adolescent Refugees Project (HARP), an innovative educational and clinical services program aimed at improving the health of adolescent female refugees and IDPs through health peer-learning and peer counseling. The report provides country reports for three countries in which the program is implemented: Egypt, Uganda and Zambia. It details the background, discussions, activities and implementation issues for each country, and it also highlights the accomplishments.

**Feinstein International Famine Center. *Children and Adolescents in Violent Societal Change*. Tufts University, Feinstein International Famine Center, April 1998.**

Understanding that although children and adolescents are considered “vulnerables,” they are rarely a central component in the broader political, economic or humanitarian agenda, this paper from a Tufts University Workshop examines how participants and institutions can further the goal of putting children and adolescents on the international agenda. The paper asserts that traditional concepts of childhood change in conflict situations as the distinction between childhood and adulthood becomes less apparent. However, adolescents are not prepared for adulthood; they have no schools, vocational or skills training, physical or emotional health care, or social networks. The paper emphasizes the necessity of providing programs in four focus areas: livelihood, education, protection-security and exploitation and explores the roles of research-evaluation, partnership-networking, and training and advocacy in effective programming. Finally, the paper advocates that programs target children and adolescents within a community context, build on local capacities and treat children and adolescents as active participants with their own capabilities and solutions.

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**Felsman, Dr. Kirk. *Children and War Project: Maputo, Mozambique*. Article in *Refugee Children in Malawi*, Tolfree, David, ed., International Save the Children Alliance in cooperation with the United Nations High Commissioner for Refugees, 1991.**

This chapter in *Refugee Children in Malawi* describes intervention strategies for Mozambican children affected by war in Malawi and Mozambique. The author first explores the research knowledge pertaining to trauma and treatment and asserts the importance of trying to understand a community’s coping and adapting strategies while also providing immediate action to meet basic needs. The author notes that there are far fewer materials describing intervention strategies on behalf of traumatized and displaced children than there are materials that provide an assessment of such children. He then describes the Mozambican Ministries of Education and the State Secretariat of Social Welfare (SEAS) efforts to meet the particular needs of traumatized children, including family tracing and placement, as well as Save the Children’s (US) assistance efforts and its pilot project in Gaza province, which works with local officials to integrate health, education and welfare efforts. The Consolacoa program in Malawi is also described, which provides opportunities for children to express their war-related trauma and gain age-appropriate responsibility and a sense of accomplishment through a wide range of activities, such as traditional song and dance, sports, doll making and forming strong relationships with adult role models. The chapter ends with a number of observations and conclusions that affect traumatized and displaced children in Mozambique, including the assertion that intervention programs for war-affected, traumatized refugee children must be of primary importance and should be integrated into overall health, education and social welfare planning.

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**Felsman, Dr. Kirk. *Recognizing and Enhancing Resilience in War-affected Children and Youth*. ICCB, *Children Worldwide*.**

Within the context of meeting the psychological needs of displaced and war-affected children, this article examines the diversity and complexity of displaced populations, emphasizes the need to establish an appropriate focus and target population for intervention programs and highlights the necessity of providing continuous programming and support. The author asserts that few children affected by war meet the criteria for Post-Traumatic Stress Disorder, and are instead isolated and withdrawn. He recommends education as an arena for fostering resilience and asserts the importance of community-based interventions. He also states that adolescents in camps for displaced children are particularly at risk, as they lack education, but hunger for a meaningful role. The article advocates that adolescents be given a role in helping develop and manage activities for younger children and emphasizes the importance of their having relationships with mentors and role models.

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**Foster, Annie. *From Emergency to Empowerment: The Role of Education for Refugee Communities*. Academy for Educational Development, 1995.**

This report asserts that education is the most effective way to begin the transition from relief to development and promote durable solutions to refugee crises by equipping refugees with the skills they need to become self-reliant. It states that seven out of every eight refugee children have never been to school, creating disastrous consequences for the future of refugee children, their families and communities. It also notes that research has proven a direct link

between education and improved development prospects, especially for girls and women. The report highlights the short-term and long-term benefits of refugee education programs and describes effective strategies for establishing education programs that take the specific needs and circumstances of a targeted population into account. The author provides examples of effective programs from Sierra Leone, Liberia, Guinea, Croatia, Somalia, Bhutan, Nepal, Pakistan, Afghanistan, Uganda, Sudan, Bosnia, Thailand, Rwanda, Tanzania, Malawi, Guatemala and Cambodia. She asserts that these programs have three essential issues in common: collaboration among key players, including the host community, the country(ies) of origin and the refugee community; the level of education and content of curriculum, from basic and post-primary education to vocational training and adult literacy; and delivery modes, such as prepackaged materials and distance education. She also states that although basic education programs address the needs of the largest segment of refugees, ignoring secondary and tertiary education can lead to idle, angry and sometimes violent young people. Finally, the booklet examines constraints to refugee education and recommends constructive actions for the international community.

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**Garbarino, James and Kathleen Kostelny. *Children's Response to War: What do we Know?* Erikson Institute for Advanced Study in Child Development, 1993.**

This book chapter examines the psychological and moral consequences of armed conflict on children and highlights the distinction between acute and chronic trauma. In citing related papers and studies on the subject, the authors review the socially maladaptive characteristics that children affected by armed conflict may adopt. They assert that children who do not reside with a family member are the most likely to exhibit such maladaptive behavior. Thus, the authors believe that separation from family is one of the most damaging consequences of war on children. They also contend that the ability and motivation of the adult community to be psychologically available to children positively influences the long-term development of children. A postscript to the chapter deals specifically with the special role of ideology for adolescents, and describes adolescents as a kind of social weather vane: as ideology effects the formation of identity, adolescent energy is mobilized through dramatic action that engages the process of identity formation.

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**Geneva Conventions and Their Additional Protocols. Diplomatic Conference on the Reaffirmation and Development of International Humanitarian Law Applicable in Armed Conflicts. August, 1949.**

The Geneva Conventions of 1949 and their Additional Protocols contain some 25 articles specifically pertaining to children. Common Article 3 of the Geneva Conventions, from which there can be no derogation, protects all civilians in internal conflicts. It establishes the minimum rules binding on all parties in internal armed conflict situations and states that people taking no active part in the conflict must be treated humanely. Moreover, the Fourth Convention is specifically designed to protect children and civilians in times of war. Additional Protocols I and II were adopted in 1977, providing children with special protection and dealing with their participation in hostilities. Protocol II, which applies to internal armed conflicts, reiterates the fundamental guarantees laid out in Common Article 3 and adds a range of additional requirements, including several provisions that relate specifically to the protection of children.

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**Gibbs, Sara. "Post-War Social Reconstruction in Mozambique: Re-Framing Children's Experience of Trauma and Healing." *Disasters*, Volume 18, No. 3, September 1994.**

This article examines the trauma experienced by Mozambican children and investigates the process of healing and reconstruction. The author contends that the international concern focused on war-affected children in Mozambique, based on the Western view that children are particularly susceptible to the effects of trauma, is misguided. She states that children in Mozambique do not view themselves as vulnerable, and often create and recreate their roles depending on the extraordinary situations during war and conflict. The author advocates that a more informed and effective policy for working with post-war children and communities include an understanding of how childhood and trauma are perceived in different countries.

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**Goodwin, Jan. "Sierra Leone is No Place to be Young." *The New York Times Magazine*, February 14, 1999.**

This article explores the lives of child soldiers in Sierra Leone, who compose up to half of the rebel forces and a

fifth of the government forces. These children, who are often kidnapped or forcibly conscripted, become soldiers, human shields, spies, porters and sex slaves. Through telling the stories of three child soldiers — two boys and one girl — the author examines how and why children become soldiers and why they are welcomed by the armed forces — they are less expensive and often more erratic, loyal and violent than adult soldiers. The stories also reveal the bleak reality facing girls who are abducted and the difficulty of demobilizing, rehabilitating and reintegrating child soldiers into communities that often no longer want them.

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**Graham, Victoria.** *Rwanda's Former Child Soldiers Find Help.* UNICEF Feature no. 00145, May 1995; [gopher://hqfaus01.unicef.org:70/00/.cefddata/.feat95/feat145](http://hqfaus01.unicef.org:70/00/.cefddata/.feat95/feat145).

This article describes a reintegration project for former child soldiers from Rwanda in Goma, Zaire, administered by Action Jeunesse et Environment and funded by UNICEF. The program, which began in 1995, provides schools, job skills and activities to 630 demobilized child soldiers who live in house-like units of eight to ten boys. The units instill a sense of family and support, and they help the boys enhance their self-reliance and self-esteem by designing and building their own houses and cooking their own food. The author discusses the many problems facing child soldiers, particularly adolescents, from the violence they experience as soldiers to the difficulty they encounter reintegrating into civilian society.

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**Hamilton, Carolyn and Nathalie Man.** *The Impact of Armed Conflict on Children in Kosovo.* Report of the Children and Armed Conflict Unit, University of Essex, 1998; [www2.essex.ac.uk/c&acu/papers&reports/Kosreport.htm](http://www2.essex.ac.uk/c&acu/papers&reports/Kosreport.htm).

This report of the Children and Armed Conflict Unit, a joint project of the Children's Legal Centre and the Human Rights Centre at the University of Essex, examines the impact of the conflict in Kosovo on children. The Unit, which assessed the needs of children in Kosovo during the fall of 1998, found that adolescent boys, aged 16-18 years, were the most vulnerable group of children. This is partly due to deliberate targeting of this age group and a failure to distinguish adolescents from adults. The report also describes the situation of the internally displaced, 63 percent of whom are children; critically assesses the protection and assistance available to displaced children; and examines the obstacles to IDPs returning home. The report finds that humanitarian agencies are not holistically providing for children's needs and points to many gaps in meeting these needs. It specifically highlights the distress and insecurity of older children, caused by the lack of community and structure, particularly for girls. Finally, the report makes a number of recommendations, including that older children's right to education be implemented and that adolescents over the age of 14 be offered the opportunity of secondary or vocational education, training or economic activity.

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**Hammarberg, Thomas.** *Making Reality of the Rights of the Child.* Save the Children, December 1995; [www.savechildren.or.jp/alliance/realall.html](http://www.savechildren.or.jp/alliance/realall.html).

This report provides an overview of what the UN Convention on the Rights of the Child says and how it can change the status of children worldwide. It documents the history of the Convention and the impetus behind creating such a convention, and it highlights ways in which the Convention encourages enforcement. The author explores the message and specific provisions of the Convention, including those that deal with refugee children (article 22) and armed conflict (article 38). He also examines the UN Committee on the Rights of the Child and articulates results of the Convention as well as challenges for the future, including the need to make clear that the Convention is relevant in armed conflict situations.

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**Hampton, Janie, ed.** *Internally Displaced People: A Global Study.* London: Earthscan Publications Ltd., 1998.

This global IDP survey of the Norwegian Refugee Council contains the most up-to-date and comprehensive information pertaining to the over 23 million internally displaced people in the world. Chapter 1, written by Roberta Cohen, presents an overview of recent IDP protection and assistance advancements, including the Guiding Principles on Internal Displacement and examines new approaches to IDP protection. Chapter 3, written by James Kunder, provides one of the few looks into the state of internally displaced children. He reveals that despite the fact that children constitute an estimated 50 percent of many displaced populations, there is very little information

on, and programs for, IDP children, and even less on adolescents. IDP children, lacking the stability and structure of their home communities and environments, are particularly likely to become victims of sexual abuse; be deprived of food, water and health care; and suffer forced conscription or arbitrary action. The chapter presents seven operational approaches for IDP children's programming, highlights NGO programs for IDP children and adolescents and advocates that the international community address the gaps for IDP children. Such gaps include lack of data and knowledge, insufficient rapid response, deficient protection and scarce programming and funding support for durable solutions to IDP crises.

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**Hedlund Thulin, Kristina.** *Humanitarian Assistance in Armed Conflicts with a Children's Rights Perspective.* Swedish International Development Agency, January 1999.

This booklet, produced by the Swedish International Development Agency (SIDA), describes the support children and adolescents are entitled to and which is necessary to meet their needs in armed conflict and during reconstruction. It emphasizes the necessity of adolescent participation in the planning and implementation of activities and the need for adolescent-specific activities, such as education, vocational training and recreation. It also suggests that adolescents support and lead activities for younger children and stresses the important role that adolescents play in the reconstruction phase.

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**Herbst, Laura.** *Children in War: Community Strategies for Healing.* Save the Children Federation/USA, 1995.

This handbook presents an empowering, child-focused and cost-effective strategy for meeting the needs of children in conflict and refugee crises. Developed by a group of psychologists and humanitarian workers, the strategy rests upon the belief that each community contains the resources to heal itself. A manual for field workers and others helping war-affected children, it asserts that they need more than material support; they need emotional and psychological support to help them cope with the social and psychological consequences of war.

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**Hinshelwood, Marlene.** *Gender Violence and Issues of Reproductive Health Care: Implications for UNICEF Programme Strategy.* Prepared for UNICEF Emergency Programmes Office, 1996.

This report examines the nature of sexual and gender-based violence and the effects of the violence on women and girls in Angola and Rwanda. Each case study explores the particular dangers to girls, adolescents and women; discusses national and local mechanisms for dealing with sexual and gender-based violence; and examines the various international NGO programs addressing these problems. In this way, the report identifies best practice examples as well as gaps in the policy and practice of protecting and preventing sexual and gender-based violence. The report notes that there is a gap between empirical studies and the translation of these studies into policy and action, examines the gap, recommends ways to narrow it, and provides an overview of recent position papers and documents on sexual violence and reproductive health care for refugees. Finally, as the issue of sexual violence has both advocacy and programmatic relevance for UNICEF emergency programs, the paper suggests appropriate partners and capacity-building strategies for UNICEF in each country.

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**Hoskins, Eric, MD.** *The Impact of Sanctions: A Study of UNICEF's Perspective.* New York: UNICEF, Office of Emergency Programmes Working Paper Series, February 1998.

This working paper reviews the impact of sanctions and examines ways to reduce their harmful effects on children. Using a human rights approach, the author provides a framework and methodology for anticipating, assessing and monitoring the humanitarian impact of sanctions. The result is the first step toward measurable "sanction indicators," which reflect the human rights principles found within the Convention on the Rights of the Child and the two International Covenants on Human Rights. The author also presents a set of "sanction principles," which reflect UNICEF's child-focused mandate and role as a caretaker of the Convention of the Rights of the Child. Finally, the paper offers recommendations concerning ways in which to reform sanctions policy so as to better protect vulnerable groups, specifically children.

**Human Rights Watch/Africa and Human Rights Watch Children's Rights Project. *Easy Prey: Child Soldiers in Liberia*. Human Rights Watch, September 1994.**

This book reports on the use of child soldiers by rebel forces in Liberia, many of whom have been separated from their families, wounded and have witnessed or been forced to participate in the atrocities of war. Human Rights Watch, which advocates eighteen as the minimum age for becoming a soldier, documents the consistent use of children under this age as well as under fifteen, despite the fact that international law forbids the use of children under fifteen as soldiers. The book documents children's experiences in war, the recruitment and treatment of children by warring factions, children's roles and duties and the difficulty of reintegrating former child soldiers into their communities. It ends with an examination of U.S. policy as well as international law regarding the use of child soldiers and sets forth conclusions and recommendations concerning the prevention of child soldiers in Liberia.

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**Human Rights Watch/Africa and Human Rights Watch Children's Rights Project. *The Scars of Death: Children Abducted by the Lord's Resistance Army in Uganda*. Human Rights Watch, September 1997.**

This report, based on research in Uganda from late May to early June of 1997, documents the abduction of children by the Lord's Resistance Army, which specifically targets adolescents aged fourteen to sixteen. The report begins with a summary of the report and recommendations for the Lord's Resistance Army, the Government of Sudan, the Government of Uganda, the United Nations, the international community and the Organization of African Unity. It explores the history and causes of the conflict, the effects of the conflict in the North and the relevant international humanitarian standards. Finally, through their own words, the report documents children's lives and treatment once abducted, going into battle, escape and visions of the future.

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**Human Rights Watch/Americas and Human Rights Watch Children's Rights Project. *Generation Under Fire: Children and Violence in Colombia*. Human Rights Watch, November 1994.**

This book documents the human rights abuses suffered by children in Colombia, including those affected by armed conflict, specifically in the towns of Bogota and Medellin. The book names the government, state agents and armed insurgents as culpable in the murder of children. It examines the Colombian government's Code for Minors and asserts that, as it has not been fully implemented, abandoned children are in need of protection and children who kill are not prosecuted. In conclusion, Human Rights Watch suggests necessary reforms as well as recommendations to the Colombian government, armed insurgents and the international community to protect the rights of children.

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**Humble, Morag. *Global Commitments to Youth Rights*. London: UNICEF and Commonwealth Secretariat, October 1997.**

Because awareness of one's rights and responsibilities, as articulated in various international conventions and summit agreements, is empowering, this guide for young people describes the outcomes and implications of the major world conferences hosted by the United Nations between 1992 and 1996. In language accessible to young people, the guide outlines the major themes of the conferences and focuses on the agreements and recommendations that affect the rights and responsibilities of young people, specifically those between the ages of 15 and 24. Examples of such recommendations are improving education, employment opportunities and health care; supporting vulnerable youth, including those in armed conflict; and achieving equality for young women.

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**ICRC (International Committee of the Red Cross). *Children and War*. Geneva: ICRC Special Brochure, November 1994.**

This brochure of the International Committee of the Red Cross provides an overview of the situation, and suffering, of children affected by war. Specific issues explored are the psychological impact of war; land mines; health; lack of water, clothing and shelter; child soldiers; children in captivity; and separated families. Alongside the information about each issue, the brochure lists the international standards that pertain to the protection of children against the offense and discusses ways in which the ICRC works to protect children and their rights.

**Inspection and Evaluation Service. *Evaluation of UNHCR's Efforts on Behalf of Children and Adolescents.* UNHCR EVAL/06/97, October 1997.**

This review, requested by the High Commissioner for Refugees, identifies ways in which UNHCR's protection, assistance and other program activities for children and adolescents can be improved. The report highlights the fact that while children and adolescents make up over half of the world's displaced and war-affected population, their distinct needs are often neglected and ignored. The evaluation specifically examines the inadequacy of protection and assistance services to adolescents in the realms of child soldiers, sexual violence, exploitation and abuse, separation of families, social and psychological needs, structured activities/skills/vocational training, education and reproductive health needs. The review then makes recommendations for the protection of adolescents in these areas and explores the methods by which children and adolescents can be protected in the future. The review contends that UNHCR's age groupings of 0-4, 5-17, 18-59, and 60+ render adolescents statistically invisible and suggests that a new grouping of 5-11 and 12-17 be adopted. The report also proposes organizational and management changes within UNHCR and recommends that the Convention on the Rights of the Child be used to a greater extent in advocacy and program development; that UNHCR link more consistently with NGOs, international organizations, UN bodies, governments and donor agencies; and that program design be based upon situation analysis rather than solely a needs assessment.

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**Inspection and Evaluation Service. *Review of UNHCR's Refugee Education Activities.* UNHCR EVAL/05/97, June 1997.**

This review analyzes UNHCR's worldwide operational policies, strategies and management of refugee and returnee education. The review cites the CRC as the document which best provides a clear framework for refugee education policy and names adolescent literacy among UNHCR's top three new priorities, along with primary education and adult literacy. The review recognizes the lack of educational opportunities and constructive activities for adolescents (approximately 12-18 years of age) as a serious problem in UNHCR's education policy, examines the problem and recommends various solutions, including providing adolescent-appropriate teaching techniques and activities. Because UNHCR sees education as the most effective tool to decrease the stresses of adolescence and living through an armed conflict situation, the review calls for a policy shift toward an emphasis on basic education and literacy retention for the majority of adolescents. It maintains the importance of effective and efficient secondary education, vocational/skills and tertiary skills, but categorizes them as secondary priorities to be introduced only when it is clear that the refugees will be in asylum countries for an extended period. Finally, the review outlines universal issues in refugee education, including advocating minimum standards and targeting 50 percent female participation in all educational/vocational programs, and analyzes UNHCR management problems.

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**International Catholic Child Bureau. *BICE Position Paper on the work of the BICE with Refugee Children and Children in Armed Conflict.* International Catholic Child Bureau, February 1997; [www.crin.ch/war/bice1.htm](http://www.crin.ch/war/bice1.htm).**

The International Catholic Child Bureau (BICE) developed the program principles described in this position paper based on its experiences working with refugee children and children in armed conflict in Hong Kong, Mozambique, Sierra Leone, Cote d'Ivoire and Turkey. The principles are meant to fill gaps in programming for children and adolescents and succinctly summarize the recurring points from much of the literature on children in armed conflict. The principles include the need to understand the social, political and cultural reality in which the refugee children live; to develop an approach to psychosocial issues based on the aforementioned understanding; to involve the refugee community, particularly in understanding the effects of conflict on children and implementing community-based programs to address these effects; to focus on the family in psychosocial programs; to build programs upon local capacity; and to act in partnership with other local and international organizations in implementing psychosocial programs.

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**International Conference on Population and Development. *Programme of Action of the International Conference on Population and Development.* United Nations Population Information Network, A/CONF.171/13, October 18, 1994.**

This Programme of Action, generated at the International Conference on Population and Development (ICPD) held in Cairo from September 5-13, 1994, focuses on meeting the fundamental needs of men, women and children around the world and endorses a new strategy that emphasizes the linkages between development and population. It specifically

addresses the plight of internally displaced persons and refugees and sets a goal of ensuring more effective protection of and assistance to both populations, particularly in the realms of education, social and health services. It also highlights the lack of reproductive health services and education for all adolescents and articulates the goal of addressing adolescent sexual and reproductive health issues through the provision of adolescent-specific services, counseling and the promotion of responsible behavior.

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**International Save the Children Alliance Working Group on Children Affected by Armed Conflict and Displacement. *Promoting Psychosocial Well-being Among Children Affected by Armed Conflict and Displacement: Principles and Approaches*. Geneva: International Save the Children Alliance, 1996.**

This paper, a joint contribution of the International Save the Children Alliance to the Machel Study, discusses how to best aid children affected by armed conflict through programs that address their psychosocial needs. The paper asserts the need to combine knowledge and experience from psychological healing, the Convention on the Rights of the Child and humanitarian assistance and development cooperation. The paper also provides background information on the psychological and social effects of warfare on children, presents an overview of existing programs and suggests principles and approaches for improving programs and interventions. Such principles include applying a long-term perspective that incorporates the psychosocial well-being of children; adopting a community-based approach that encourages self-help and builds on local culture, realities and perceptions of child development; promoting normal family and everyday life so as to increase children's resiliency; focusing on primary care and the prevention of further harm; and providing support as well as training for personnel who care for children. The paper ends with a summary and conclusions.

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**International Social Service. *Unaccompanied Children in Emergencies: A Field Guide For Their Care and Protection*. International Social Service.**

This field guide looks at the nature of the problem of unaccompanied children in emergency situations and examines the principles of child welfare, legal considerations and trauma. The report suggests guidelines for preparing for emergency care; preventing separation; locating, registering and interviewing unaccompanied children; handling emergency and interim care of unaccompanied children; tracing and reuniting families and children; and planning long term for unaccompanied children. The field guide specifically addresses adolescent trauma and points out that although adolescents are in many ways more vulnerable to the stresses of a changed life environment than younger children, they do not always receive special assistance in emergencies. The guide explores the issue of adolescents and emergencies and notes that adolescent girls are particularly vulnerable to physical, including sexual, abuse. As with adolescent trauma, the field guide recommends that adolescents be involved in the decisions of their emergency and interim care as much as possible.

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**IPG-YPIC (Inter-regional Programming Group on Young People in Crisis). *Meeting the Health and Development Rights of Young People in Crisis, 1997*. UNICEF, UNFPA, UNDP and UNAIDS, 1997.**

This meeting report of the first IPG-YPIC (Inter-regional Programming Group Meeting on Young People in Crisis) in October 1997 identifies and examines the assessment process, programming strategies and resources to develop, accelerate and expand the programming base for young people in crisis. It reveals that programming areas that receive inadequate attention are the health, development and protection needs of young people (10-24 years old) in crisis, particularly youth in situations of armed conflict. The report examines UNICEF's rights-based approach, identifies what the health and development rights of young people in crisis are and addresses various issues pertaining to the protection of those rights. The report also provides a summary of clarified concepts and programming approaches as well as updates of country-specific and thematic youth in crisis programs.

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**IPG-YPIC (Inter-regional Programming Group on Young People in Crisis). *Meeting the Health and Development Rights of Young People in Crisis, 1998*. UNICEF, UNFPA, UNDP, UNAIDS and WHO, 1998.**

The second meeting of the IPG-YPIC met to develop a common framework for situational assessment and analysis of young people in crisis, identify programmatic options and strategies and catalogue strategies for ensuring adolescent participation in all phases of the program cycle. These objectives, which are analyzed and elaborated upon in the meeting report, will inform the group's future focus on adolescents in crisis. The meeting report outlines the

main causes leading adolescents to crisis situations, such as the neglect of adolescent's protection needs and lack of adolescent-specific services, and presents country-specific progress reports of youth and adolescent programs. Furthermore, a number of other issues and programming areas, including employment and psychosocial support, are distinguished as requiring special attention in future work. The report credits IPG-YPIC with influencing UNICEF's 1998-2000 Programme Priorities and presents the highlights of UNICEF's draft discussion paper on adolescents.

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**IRC (International Rescue Committee). *Children Affected by Armed Conflict*. IRC; [www.intrescom.org/child.html](http://www.intrescom.org/child.html).**

This fact sheet states that as children have increasingly become the predominant casualty of war, the International Rescue Committee (IRC) has created a Technical Support Unit to provide effective, tested and rapidly deployable child-targeted programs. It describes IRC's Program for Children Affected by Armed Conflict, which serves all children who suffer from, or have fled, armed conflict. The Program's Technical Support Unit works to institutionalize Best Practices, develop standards, evaluate projects, document successes and design new projects related to such issues as rehabilitation of child soldiers, psychosocial rehabilitation, life skills training and rapid education programs. The fact sheet notes that the program is also developing a Global Advisory Committee for Children in Armed Conflict, which will inform IRC's efforts as well as facilitate the participation of and collaboration with other organizations to foster child-specific programs.

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**IRC (International Rescue Committee). *International Rescue Committee Georgia's Proposal for Adolescent Reproductive Health*. Georgia: IRC, September 1998.**

As this IRC Georgia proposal highlights, adolescent IDPs are one of the most at-risk groups in Georgia today. Despite this fact, they have been left out of most general health interventions by both local authorities and international organizations. The need for specific programs targeting adolescents became apparent when a recent survey on reproductive health knowledge revealed that 49.5 percent of those surveyed under the age of 20 fell within the highest at-risk group for the transmission of STDs/AIDS. This proposal states the purpose of the IRC's project in Georgia, which is twofold: to improve the knowledge of, and access to, reproductive health facilities and resources for 3,000 adolescent IDPs, and to increase awareness of adolescent reproductive health issues within the general IDP community. It also describes IRC Georgia's plans to accomplish these goals, including increasing self-help mechanisms in the implementation of activities.

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**IRC (International Rescue Committee). *IRC Azerbaijan Program*. IRC, December 1998; [www.intrescom.org/azer.html](http://www.intrescom.org/azer.html).**

This fact sheet describes the IRC's program in Azerbaijan, which provides emergency shelter and assistance for internally displaced people due to civil strife in the Nagorno/Karabaldi region. It reports that IRC is currently integrating its programs to offer comprehensive relief services to selected communities, encompassing shelter, livelihood and health programs. Among the many programs described, it reports that the IRC runs a micro-enterprise development program and a vocational training program, in which 50 young men and 50 young women participate and receive training in business/technical training and business/office management. IRC also offers business training and loans to women's centers and gives loans to small businesses, which are in turn required to hire an apprentice who can learn a new skill.

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**IRC (International Rescue Committee). *IRC Georgia Program*. IRC, January 1999; [www.intrescom.org/georgia.html](http://www.intrescom.org/georgia.html).**

This fact sheet describes the IRC's program in Georgia, the goal of which is to build the self-reliance of 40,000 targeted internally displaced persons (IDPs) through construction, community development, self-reliance and third-sector capacity-building programs. It states that many children and adolescents have suffered trauma and have not attended school since leaving their homes; consequently, IRC offers remedial education to help them catch up and (eventually) compete in the labor market. Community development programs, which focus on public and reproductive health, informal education and social integration programs for IDPs, include informal education for adolescents, aged 13-18 years. Informal education and social integration programs include math, geography, English lessons and social integration programs such as sports, cognitive games, dance, music, painting and cultural excursion. IRC's health and reproductive programs in Georgia also include adolescent reproductive health, STDs/HIV and safe motherhood education, and IRC has developed 1,000 adolescent reproductive health journals.

**IRC (International Rescue Committee). *IRC Guinea Program*. IRC, December 1997; [www.intrescom.org/guinea.html](http://www.intrescom.org/guinea.html).**

This fact sheet presents an overview of IRC's program in the Forest Region of Guinea, which serves 65,400 refugee children and adults. The document provides background information on the armed conflict that led Sierra Leonean and Liberian refugees to seek refuge in Guinea and describes IRC's activities on their behalf, including primary and secondary education for children and adolescents and continuing education, vocational training and teacher training for adults. It explains that in mid-1991 IRC was asked to organize and expand educational services for the refugees, and initiated teacher training, curriculum development, school construction and programs supporting supplies procurement and distribution. In 1992, IRC organized the schools into a unified system that integrated key educational elements from both Liberia and Sierra Leone. School enrollment grew to 72,000 in 1997, with the students attending 172 schools staffed by 1,450 teachers who had received teacher training from IRC. The fact sheet states that improvements are made continually in teacher training, curriculum development, instructional materials production, supplies distribution and construction. It also reports that in 1995 IRC added vocational courses serving a population of 1,400, one-third of whom were women, including computer skills, French, secretarial science, tailoring, business management and drafting.

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**IRC (International Rescue Committee). *IRC Pakistan Program*. IRC, July 1997; [www.intrescom.org/pakistan.html](http://www.intrescom.org/pakistan.html).**

This fact sheet on IRC's Pakistan program details its work to aid Afghan refugees who have fled to Pakistan and to facilitate their repatriation through activities supporting the rehabilitation of areas of Afghanistan devastated by war. The project, which serves 213,000 Afghans, focuses on education and teacher training, water and sanitation, primary health care, public health and self-reliance programs. The fact sheet states that IRC's education programs provide quality primary and secondary schooling for refugee children, especially girls, as well as teacher training and curriculum development. It also highlights the program's self-reliance activities, which include income-generating projects, credit scheme loans, sewing centers and apprenticeships for disabled and vulnerable people in the North West Frontier Province and eastern Afghanistan.

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**IRC (International Rescue Committee). *IRC Thailand Program*. IRC, September 1997; [www.intrescom.org/thailand.html](http://www.intrescom.org/thailand.html).**

This fact sheet details IRC's project to provide assistance to ethnic Burmese refugees who have fled across the border to Thailand. IRC's Burma Border Assistance to ethnic minorities and students includes primary health care programs and water and sanitation projects with Karenni refugees, support for family planning programs and reproductive health training, assistance for a refugee clinic and relief distribution. It notes that IRC also provides assistance to Burmese students, seeking UNHCR "persons of concern" status, in Bangkok.

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**IRC (International Rescue Committee). *Reproductive Health Education for Adolescents. How To Guide: Reproductive Health in Refugee Situations*. IRC, N'zerekore: IRC, Guinea, February 1998.**

This guide, compiled by IRC staff in Guinea for field-based refugee workers addressing the reproductive health needs of adolescent refugees, contains activities information, sample curricula, training materials and monitoring forms that can be used in adolescent specific situations as well as other refugee situations. The guide describes IRC's Health Education Program, which covers sanitation, preventable childhood diseases, nutrition and reproductive health through formal health education, health education seminars, health clubs, Young Women's Social Clubs, reproductive health peer educator projects and counseling projects. The guide discusses the objectives of refugee reproductive health education, such as increasing knowledge about puberty, reproduction, contraception, STDs/AIDS and its prevention. It also aims to increase the use of condoms; build capacity and provide support for activities designed to increase the reproductive health knowledge of adolescent female students; and facilitate the delivery of reproductive health messages among students and teachers and the transfer of such messages from students to refugee community members through song and drama. It highlights the barriers to wider use of reproductive health services by refugee adolescents and the problems that IRC has encountered in administering reproductive health education for refugee adolescents. Such barriers include cultural beliefs; attitudes about premarital sex and the use of contraceptives; a lack of information about contraceptive methods and where to obtain reproductive health services; difficulty getting to services and clinics, whose hours of operation often conflict with school hours; and embarrassment about sharing services with adults. Finally, the IRC makes recommendations to address the gaps in adolescent (reproductive) health care, including the need to initiate the program sooner after refugees

arrive, conduct a needs assessment at the start of the program and get adolescents involved earlier in planning and implementing the program. Also, records need to be kept regarding past department activities to ensure program continuity and to carry out evaluations, and local UNHCR offices should be educated about the importance of reproductive health education.

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**IRC (International Rescue Committee) Bosnia-Herzegovina. *Proposal to Strengthen the Capacity of the Education System to Address the Reproductive Health Needs of Adolescents Through Increasing Their Reproductive Health Knowledge.* IRC, 1998.**

The goal of the International Rescue Committee's program in Bosnia-Herzegovina is to strengthen the capacity of the education system to address the reproductive health needs of adolescents. This project proposal examines the lack of adolescent reproductive health education as well as the needs of the adolescents: safe motherhood, contraception and family planning; HIV/AIDS and STDs; and domestic and gender-based violence prevention. The proposal documents the IRC's strategy to meet these needs, including training primary and secondary school teachers in adolescent reproductive health.

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**James-Traore, Tijuana A. *Situational Analysis of Reproductive Health Care for Refugee Adolescents, The Republic of Guinea - Forest Region.* International Rescue Committee, March 1998.**

This report analyzes family planning and reproductive health services for refugee adolescents from Liberia and Sierra Leone in Guinea. Among other things, the report examines the types of medical services offered by NGOs and government agencies and the context within which these services are delivered; the costs of services; the availability of contraceptive methods; and the delivery and utilization of reproductive health educational activities. It provides a look at the real and perceived barriers to wider use of contraceptives and reproductive health care services by refugee adolescents, such as conflicts between tradition and changing cultural norms, hours of operation of health facilities and the lack of information/education about reproductive health care. The report makes a number of recommendations for improving service delivery to and utilization by adolescents, including collecting data that isolates adolescents and refugees as distinct populations, enhancing outreach efforts to rural communities and implementing a national initiative targeting adolescents. It also recommends increasing adolescent participation in program development and implementation; identifying/addressing cultural values and beliefs that pose a barrier to greater reproductive health care and contraceptive use among adolescents; and providing services for adolescents in separate facilities or on different days and times from adults.

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**Jenkner, Eva. *Socio-economic Reintegration of Former Child Soldiers: Towards a Community-based Approach.* Princeton University, Woodrow Wilson School of Public and International Affairs, 1998.**

This paper, prepared for the United Nations Special Representative of the Secretary-General for Children and Armed Conflict, focuses on the difficulty of assisting former child soldiers to reintegrate into their native communities and provide an economic livelihood for their families. The author notes that the prevention of re-recruitment or a rise of delinquency and prostitution is largely dependent on successful rehabilitation and reintegration of former child soldiers. Furthermore, the failure to account for the special needs of children affected by war may result in the inability to lay a stable society foundation in the future. Consequently, the author argues that in order to break the cycle of violence and work towards economic development, adolescents must be provided with the opportunity to learn a trade as well as earn an income through skills training programs. The author develops a general framework for socio-economic reintegration and outlines several background factors as well as categories that any program design must take into account, including the extent of economic devastation; the number of IDPs and the repercussions of displacement on traditional communities; the extent to which children were forcibly or voluntarily recruited into the military and how this is dealt with during demobilization; and the extent of psychosocial trauma. The paper summarizes the socio-economic rehabilitation and reintegration experiences of former child soldiers in Mozambique, Uganda, Liberia and Sierra Leone, and presents lessons from each country's experience. Finally, the author asserts that the solution is to adopt a cost-effective, community-based and holistic approach that will provide former child combatants as well as children affected by the war with basic skills training necessary for successful reintegration.

**Johannessen, Dr. Eva. *Reaching Children Out of School: A Study on Non-Formal Basic Education for Children in Mozambique*. Redd Barna Mozambique, October 1998.**

This report focuses on non-formal education activities for children in Mozambique. The author begins by examining the current status of education in Mozambique: more than half of the children of school age do not attend school, the majority of whom are girls. Furthermore, there are a large number of young people who have never attended school due to the war. The report identifies reasons why many children are out of, or start late in, Mozambique's schools and then looks at existing non-formal education policy and projects. One such project is the literacy program for youth, introduced by the Ministry of Education in 1992, which is based on an open curriculum and the interests and development of the participants and the community. Although the project has been satisfactory, the report cites a lack of learning materials, subjects and financial support as rendering implementation difficult. The report also explores a variety of issues in non-formal education, including vocational training, skills training and extracurricular activities, teaching methods and education for girls. It concludes with a number of recommendations for Redd Barna in order to better reach children out of school.

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**Jones, Rachel K. *Meeting Reproductive Health Needs of Refugee Adolescents in Kigoma Region of Tanzania*. Women's Commission for Refugee Women and Children, May 1998.**

This trip report details a project designed to meet the reproductive health needs of adolescent refugees in the Kigoma region of Tanzania. The project focuses on the needs of prevention and counseling for sexual violence, equal access to condoms for boys and girls and access to emergency contraception. The report summarizes the holistic design and the development of the project, which will train adolescents in reproductive health counseling to serve as peer educators in community-based youth centers. The report discusses the problems of and gaps in programming for adolescents and notes the threat of budget cuts, which would impede the reproductive health services of NGOs working with refugees in the region.

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**Kline, Paula, Lara Herscovitch, Lisa Howard Grabman, Jennifer Dec and Jay Banjade. *Adolescent Development. Save the Children, Internal Document, 1998*.**

A program review and analysis of Save the Children's operations revealed a limited institutional knowledge about adolescents as well as an urgent need to increase, strengthen and enhance Save the Children's (SC) current adolescent (ages 13-18) programming. Consequently, this report presents a conceptual framework for SC's work with adolescents as a means to assess SC's current adolescent programming and initiate discussion on best practices and programming to assist adolescents in achieving adult roles as defined by the culture in which they live. The report elucidates the importance of adolescent programming and sets forth specific recommendations for programming based on early (10-14 years of age) and late (15-18 years of age) adolescence. The report reviews the key elements of adolescent development, chronicles best practices from successful programs and offers recommendations as well as possible next steps.

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**Korn, David A. *Exodus within Borders: An Introduction to the Crisis of Internal Displacement*. Washington, DC: Brookings Institution Press, 1999.**

This book examines the plight of internally displaced people (IDPs): who they are, where they are and why they have been displaced. The author asserts that IDPs are the most at-risk population in the world, and within this population, children and adolescents suffer the most. He documents what is being done for IDPs by the United Nations, nongovernmental organizations and regional organizations, and discusses how such organizations can better protect and assist IDPs. Finally, the author examines the legal framework for protecting the internally displaced and proposes strategies and solutions to their plight.

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**Kunder, James and Bo Viktor Nylund. *Mission to Sri Lanka With a View to Develop Best Practices in Internal Displacement*. New York: UNICEF, Office of Emergency Programs, Working Paper Series, August 1998.**

This report examines UNICEF's response to internal displacement in Sri Lanka, discusses best practices and reviews the programs of other UN agencies, NGOs and the government on behalf of IDP children and adults. The authors

describe the effects of the fifteen-year armed conflict situation in Sri Lanka, which has caused widespread internal displacement and a small number of refugees. They assert that very few children have escaped trauma and review programs in Sri Lanka that target vulnerable IDP families with respect to child survival, development and protection. Among the many activities mentioned in the report, the authors highlight UNICEF's "days of tranquility" and support for education and psychosocial programs for IDP children. Finally, the report examines major IDP issues facing the international community in Sri Lanka, including the need to expand education to include vocational training for IDPs, identify obstacles to school attendance and give more attention to gender issues facing IDPs.

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**Kunder, James.** *The Needs of Internally Displaced Women and Children: Guiding Principles and Considerations.* New York: UNICEF, Office of Emergency Programmes Working Paper Series, September 1998.

This working paper examines UNICEF's obligations and capabilities to protect and assist internally displaced women and children, who, according to the author, are among the most vulnerable and yet least visible populations in the world. The author analyzes and sets forth recommendations concerning UNICEF's field-level advocacy, assessment, care and protection strategies and actions. He contends that while UNICEF's response to emergency IDP situations will vary depending on the particular country conditions and capacities, UNICEF must always focus on the conditions and needs of displaced children. Consequently, he argues, UNICEF's work on behalf of internally displaced children must surmount issues of national sovereignty and focus on family and community/capacity building. This paper also identifies particularly high-risk groups of IDP children, including unaccompanied children; displaced girls, who are targets of sexual abuse; and boys and girls who are targets of military recruitment.

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**Lange, Ellen.** *The International Rescue Committee's Education Programme for Refugees in Guinea, 1991-1998, A Best Practice Study.* UNHCR PTSS Best Practices Paper No. 1, October 1998.

This best practices report on the International Rescue Committee's (IRC) refugee education program in the Republic of Guinea for Sierra Leonean and Liberian refugees examines the history, scope and coverage of the IRC's program. The author identifies good teaching tools, curriculum development and external evaluations; explores how the IRC meets refugee demands, and vocational and health needs in addition to basic education; and examines education challenges for repatriation. The report also describes the way in which IRC has used health as a door-opener for girls education and illustrates how programs creatively addresses reproductive health and gender issues through, among other things, promoting health clubs, presentations, skits and curricular materials. The author also highlights the need for psycho-social expertise in refugee schools, particularly for adolescent girls, and the education needs of former child soldiers.

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**Lautze, Sue.** *Saving Lives and Livelihoods: The Fundamentals of a Livelihoods Strategy.* Feinstein International Famine Center, Tufts University, April 1997.

This paper addresses issues facing the humanitarian relief community during complex emergencies, lays out the major concepts underpinning a livelihoods strategy and outlines specific actions that agencies can take. The author contends that a focus on saving lives in the short term is insufficient. Instead, relief organizations must allow disaster-affected populations to pursue their own strategy to maximize the trade-off between lives and livelihoods in order to save the most lives over several time periods. The paper presents eight basic principles that form the foundation of the fundamentals of a livelihoods strategy during a complex emergency. For each principle, the paper recommends a strategy, as well as various actions/ways in which to carry out the strategy to intervene in a complex emergency. The paper also provides a table with an overview of the principles, strategies and actions presented in this paper.

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**Legrand, Jean-Claude.** *Programme Lessons Learned for the Prevention of Recruitment, Demobilization and Reintegration of Child Soldiers.* UNICEF, Child Protection Section, Programme Division, Draft, 1998.

This document analyzes UNICEF's country program experiences with respect to the prevention of recruitment, demobilization and reintegration of child soldiers in seven African countries: Angola, Democratic Republic of Congo, Liberia, Mozambique, Rwanda, Sierra Leone, and Sudan (Operation Lifeline Sudan - OLS). By identifying potential best practices, outstanding issues that require additional research, the potential lack of consistency between

policies and field practices, the need for new policies, and positive and negative results from the various experiences, the author hopes to develop program guidelines on the behalf of children and women. The introduction provides a summary of the main conclusions on the prevention, demobilization and reintegration of child soldiers, and each country packet provides more in-depth information on these subjects. A number of issues relating to adolescents are highlighted, including the need for the social status of, and access to vocational training and employment for, adolescents to be stressed in the situation analysis; the need for special protection measures for girls; and the need to develop skills training with a mind to the communities' needs, labor market and apprenticeship models.

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**Levine, Iain.** *Protecting Children in Emergencies: Ensuring their Right to Humanitarian Assistance.* New York: UNICEF, Office of Emergency Programmes Working Papers Series, February 1998.

This working paper examines UNICEF's guiding principles and considerations as well as the relevance of the Convention of the Rights of the Child and other instruments of international humanitarian and human rights law to UNICEF's protection activities. Recognizing that the breakdown of communities and households in armed conflict situations too often results in insufficient care and protection of children, UNICEF has adopted a stronger and more consistent approach to protecting and assisting children, which is explored in the paper. It identifies UNICEF's priorities in the form of an assessment checklist, outlines UNICEF's child protection response in situations of armed conflict and other emergencies, and provides tables that list country-level child protection activities for the pre-emergency, emergency and post-emergency phases. The paper also highlights UNICEF's demobilization efforts for child soldiers in Liberia, which include psychosocial counseling, education and vocational training.

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**LeVine, Steve.** "A Lesson in Caucasus: Even War Has Rules." *New York Times*, February 14, 1999.

This article reports that some 2.6 million students in Georgia, Armenia, Azerbaijan, Uzbekistan and Russia are taking a special course this year in the international rules of war. In particular, the author describes sixth and seventh grade public school classes where students are learning the spirit of accords like the Geneva Conventions, which emphasize sparing the wounded, not executing prisoners and respecting civilians. Devised by the International Committee of the Red Cross, the course uses specially prepared booklets and reflects the need for peace education in order to educate the next generation in international humanitarian law. The article also notes that traditional Georgian literature is being used in a Tbilisi school as the vehicle to preach peace and civil conduct during war.

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**Ligon, Fred, ed.** *Working it Out: Introduction to Math in Preparation for American Secondary Schools.* The Consortium (World Learning Inc., World Education, Save the Children), 1987.

This student workbook, used in the Consortium's (World Learning Inc., World Education, Save the Children) Preparation for American Secondary Schools program (PASS) in Thailand, is designed to complement teaching activities and provide homework for refugee students who are preparing to study in American schools. The workbook's format and difficulty reflects the diversity of math texts in the United States, as it covers the categories of fractions and measurement, decimals, percent and geometry.

*See also:* Chongcharueyskul, Charoensak, ed. *Consortium '88-90, Phanat Nikhom, Thailand*; DiGregorio, Michael and Nick Bartel. *Making the Grade: English as a Second Language in Preparation for American Secondary Schools*; and DiGregorio, Michael. *Step by Step: Leveled ESL Worksheets in Preparation for American Secondary Schools.*

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**Linton, Malcolm.** *Children in Southern Sudan Overcome War's Nightmare.* UNICEF Feature 00162, December 1995; [gopher.unicef.org:70/00/.cefddata/.feat95/feat162](http://gopher.unicef.org:70/00/.cefddata/.feat95/feat162).

This UNICEF article examines the psychosocial trauma experienced by children and adolescents affected by war in southern Sudan. It states that most refugees from the region are boys between the ages of 7 and 17 and reveals that more than 80 percent of the unusually large population of unaccompanied children have been exposed to highly traumatic events. The author reports on the use of psychosocial treatment and psychosocial therapy in schools, through such mediums as drawing, singing, story telling and drama. He highlights the dearth of educational opportunities, particularly for secondary school students, and notes the difficulty of monitoring the progress of educational efforts.

**Machel, Graça. *Impact of Armed Conflict on Children. Report of the Expert to the Secretary-General, Ms. Graça Machel. United Nations, 1996; www.unicef.org/graca.***

This report, the most comprehensive overview of the impact of armed conflict on children, explores the issues of child soldiers, being a child refugee or IDP, sexual exploitation and gender-based violence, landmines, sanctions, health and nutrition, the promotion of psychological recovery and social reintegration, education, international standards, reconstruction and reconciliation, conflict prevention and implementation mechanisms for the protection of children. The report emphasizes that adolescents have special strengths and needs, particularly in the realms of education, training, protection and health care. Furthermore, interventions are needed to prevent their participation in armed conflict, prostitution, drug abuse and trafficking. In order to meet these needs, the author asserts that adolescents must be seen not as victims, but as active participants in their own development, as well as that of the community.

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**Mahlasela, Joy. *Preventive Health Care Among Children and Youth Affected by Armed Conflict and Displacement. Rädä Barnen, 1997.***

As part of Rädä Barnen's inclusion of preventive health care as a focus for children affected by armed conflict and displacement, this report identifies projects and methods that foster refugee children's and adolescent's rights to physical and mental health. After reviewing the relevant international standards, the author asserts that there are four phases of flight caused by armed conflicts and disasters: the flight phase, the emergency phase, the care and maintenance/post emergency phase; and the repatriation and reintegration phases. She briefly examines each of these phases and their particular physical and psychosocial impact on children and youth and then describes initiatives by Rädä Barnen, UN agencies and other NGOs for psychosocial interventions in emergencies. Among its findings relating to adolescents, the report states that refugee health programs are planned for the very young or adults, not adolescents; contends that adolescents need special services and facilities; and urges that they be consulted and made part of the needs assessment and decision-making process. The report concludes that preparedness for such interventions has been almost non-existent, although there is a growing realization that such preparedness is necessary not only for health needs, but also for the psychosocial needs that are a consequence of ill health.

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**Mahling Clark, Kimberly. *Fostering a Farewell to Arms: Preliminary Lessons Learned in the Demobilization and Reintegration of Combatants. Washington, D.C.: USAID (United States Agency for International Development), March 1996.***

This report analyzes USAID's efforts to demobilize and reintegrate combatants and highlights lessons learned from El Salvador, Eritrea, Ethiopia, Mozambique, Nicaragua and Uganda. The few pages that address child combatants note the alarming trend of using child soldiers, particularly in Africa, and focus on the demobilization and reintegration of child soldiers in Mozambique, Liberia and Ethiopia. The report highlights the fact that many child combatants miss out on their childhood, lack formal schooling and face severe psychological problems. Among the many general conclusions made, the author asserts that reintegration programs should be oriented toward and based in the community rather than on an individual level and expresses support for financial improvement and skills/vocational training initiatives.

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**MAP International. *MAP International. MAP International, 1998; http://map.org.***

This website offers a look at the mission and programs of MAP International, an NGO that promotes the total health of people living in poverty and conflict through the provision of essential medicines, the improvement of comprehensive community health and the prevention of AIDS. The program update section reveals that a Youth and AIDS video has been produced for use in secondary schools in Latin America with help from youth, aged 14 to 18, in six countries. It reports on a Child-to-Child project in Bolivia, in which youth volunteers in the communities run weekly skill-building sessions for children in personal health, hygiene and disease prevention. The MAP International site also reviews major programs in Africa, including trauma healing and reconciliation, health training and AIDS interventions.

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**McCallin, Margaret. *Living in Detention. Geneva: International Catholic Child Bureau, 1992.***

This report reviews the psychosocial well-being of Vietnamese children awaiting refugee status determination in the Hong Kong detention centers. Conducted in 1992, the main group of concern was unaccompanied children, but children accompanied by their parents or a caregiver were also considered. Among the many findings presented, the report reveals

that the majority of children are depressed and anxious, have problems concentrating, fear for their personal (and family) safety and suffer from psychosomatic symptoms of anxiety. Children who experienced traumatic events were particularly vulnerable to such symptoms, although at the time of writing, their needs exceeded the support available. It also found that although the presence of family mediated the effects of conflict, the well-being of all children deteriorated over time, regardless of care-giving arrangements.

The author notes the non-attendance of older children to school and the under-utilization of vocational education, partially due to the inappropriateness of the system for their age group and to overwhelming feelings of depression. She urges a pro-active approach within a holistic, community-based framework and concludes that the long-term psychological and psychosocial consequences of life in detention are severe unless immediate attention is paid to children's needs.

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**McCallin, Margaret, ed. *The Psychological Well-Being of Refugee Children: Research, Practice and Policy Issues*. Geneva: International Catholic Child Bureau, 1995.**

This book, a compilation of essays about the psychological and social well-being of refugee children, is divided into three main themes: intervention, strategies of intervention and the response of the international community. Within these broad themes, issues discussed include trauma and its developmental and psychosocial consequences on refugee children; how to best respond to the psychosocial needs of refugee and displaced children; and how to develop the strategies and resources to meet their needs. Elizabeth Jareg's essay entitled "Basic Therapeutic Actions: Helping Children, Young People and Communities to Cope Through Empowerment and Participation" investigates children's and young people's stress reaction to traumatic experiences and contends that an initial psychological distress followed by a series of severely stressing experiences decreases the possibility for recovery and the re-establishment of a normal psychosocial developmental process. The particular stresses are examined, and the author proposes a number of basic therapeutic actions to minimize the psychological suffering of children, adolescents and families.

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**Monitoring the AIDS Pandemic (MAP) Network. *The Status and Trends of the HIV/AIDS Epidemics in the World*. Geneva: June 26, 1998; Reservoir.fhi.org/en/aids/impact/mapgva.html.**

This report of the MAP (Monitoring the AIDS Pandemic) symposium, held in June 1998, examines the state of the HIV/AIDS epidemic in the different regions of the world. It highlights the high risk-status of refugees and internally displaced persons to becoming infected with HIV, and it notes the lack of international interventions to prevent the spread of HIV among these populations, particularly in the early stages of an emergency. The report also examines the issues of migration and HIV, inequities in care and support, mother-to-child transmission, HIV transmission in the health care setting, HIV and orphans, tuberculosis and HIV, and knowledge and action gaps. Finally, it sets forth a number of recommendations for better care and prevention, including the need to collect age- and gender-specific data in order to better design programs for refugees and internally displaced persons.

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**Morgan, Richard. *Programming in the Framework of the Convention on the Rights of the Child: Work in Progress and Emerging Experience in Eastern and Southern Africa*. Nairobi: UNICEF ESARO, April 1997.**

This paper documents the discussion at the 1996 ESAR/WCAR (Eastern and Southern Africa Region/Western and Central African Region) Programme Process "Best Practice" Workshop, which examined the emerging trends in Eastern and Southern African Country Programs. The report highlights the role and participation of children and adolescents themselves in the fulfillment of rights and examines the recent trend of broadening program concerns beyond under-five-year-old children to all children up to 18 years of age. The latter trend is due in large part to the increase in HIV/AIDS and the growing emphasis on adolescent reproductive health. The report notes that the UNICEF country program in Malawi has adopted a particularly youth/adolescent focus in its interventions. The report ends with a number of conclusions, and asserts the importance of meeting the specific needs, opinions and values of youth and adolescents and recognizing them as key agents of social change.

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**Muntarhorn, Vitit Page. General Rapporteur. *Report of the World Congress Against Commercial Sexual Exploitation of Children*, August 1996; [www.childhub.ch/webpub/csechome/22ca.htm](http://www.childhub.ch/webpub/csechome/22ca.htm).**

In this report, the General Rapporteur to the World Congress Against Commercial Sexual Exploitation of Children summarizes the main accomplishments of the Congress, key challenges and orientations for the future. He highlights the need

to increase and foster child participation in working with and on behalf of commercially sexually exploited children; preventive action, including more access to education and health services; and to offer comprehensive services as well as livelihood means for children and adolescents in the recovery/reintegration and healing phase. Furthermore, the report discusses the youth panel, whose participants offered their own stories and urged, among other things, that youth be consulted in the work against commercial sexual exploitations, protection centers be open day and night and help hot-lines be provided.

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**National Research Council and the Institute of Medicine. *Impact of War on Child Health in the Countries of the Former Yugoslavia*. Washington, D.C.: National Academy Press, 1995.**

This workshop report examines the serious mental and physical health problems that the conflict in the former Yugoslavia has left on children. The 1994 workshop was convened to define the effects of war on children's health, to seek appropriate solutions and to address the problems of children's doctors who are practicing amidst conflict. The workshop's participants, doctors from Bosnia-Herzegovina, Croatia, Macedonia, Serbia and Slovenia, discussed future studies and actions to help fill gaps in areas such as child protection, primary care, mental health and trauma. The report concludes that mental health problems may be the most devastating result of the war in the region. Although most of the resources of the health care community have been focused on survival, once the war ends there will be a great need to rehabilitate the child victims of the war and reconstruct the health care system.

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**Nduna, Sydia and Lorelei Goodyear. *Pain Too Deep For Tears: Assessing the Prevalence of Sexual and Gender Violence Among Burundian Refugees in Tanzania*. IRC, September 1997.**

This report not only examines the prevalence of sexual violence among Burundian refugees in Tanzania, but also documents the IRC (International Rescue Committee) project and includes a description of the methodology used to uncover the violence. IRC, which began assisting Burundi refugees in Tanzania in 1993, diversified its reproductive health care services in 1996 to include sexual and gender violence issues. Initial results of in-depth interviews combined with a community survey suggested that approximately 26 percent of the 3,803 Burundi refugee women and girls between the ages of 12 and 49 in the Kanembwa camp have been victims of sexual violence since becoming refugees. Moreover, adolescent girls between the ages of 12 and 18 reported the most cases of abuse. In order to address these problems, IRC recommends that programs use approaches that involve the participation of the refugees in assessing the prevalence of sexual and gender violence, conduct in-depth interviews and surveys and establish referral services for the medical and protection needs of violence survivors.

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**Ng'eny-Mengech, Annallee, ed. *Reproductive and Mental Health Issues of Women and Girls Under Situations of War and Conflict in Africa*. Nairobi: Regal Press Kenya Limited, November 1994.**

The particular psychosocial and reproductive needs of women and children, who make up a majority of refugee and internally displaced populations in Africa, are too often overlooked and must be better understood by those concerned with relief and rehabilitation, according to this conference report of the Experts Group Consultation, sponsored by UNIFEM/AFWIC and UNICEF/ESARO. It reviews and discusses the psychosocial, reproductive and physical health issues facing women and girls in conflict situations, including the dislocation and loss of community support, the effects of sexual abuse, pregnancy complications and poor sanitation. The report presents an overview of the health needs and problems of refugee and internally displaced women and girls in Somalia, Sudan, Uganda, Kenya, Ghana, Rwanda and Burundi and proposes necessary and feasible interventions to meet those needs, including the particular reproductive needs of adolescents. The report outlines follow-up actions and strategies and recommends giving special attention to the needs of adolescents.

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**NGO Committee on UNICEF, Sub-Working Group on Children in Armed Conflict. *Summary of International Treaties to Protect Children in Armed Conflict*. NGO Committee on UNICEF, Sub-Working Group on Children in Armed Conflict, January 1999.**

The Summary of International Treaties to Protect Children in Armed Conflict summarizes current international standards of the care and protection for children in conflict situations. It concisely lists the rights articulated in various conventions

concerning life and survival; torture, rape, sexual exploitation and physical and mental abuse; disappearances, unaccompanied children and family reunification; children in detention; children associated with the armed forces; forced labor; disabled children; refugees and displaced persons; basic services such as education and health; and targeted populations/genocide. The document also includes a one-page checklist Guide to the Protection and Care of Children in Armed Conflict, which provides assistance in documenting and monitoring violations of children's rights, and a page of illustrations depicting the main rights articulated in the various international treaties.

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**Nilen, Holger, ed. *The Unaccompanied Minors of Southern Sudan*. Stockholm: Rädda Barnen, 1994.**

This paper is an analysis of data collected on unaccompanied minors in the Pignudo camp in Southern Sudan. The paper, which specifically examines the protection, assistance and psychosocial needs of Mozambican refugee girls and mentally disturbed children, asserts that the latter group are well adjusted due to the coping strategies available to them, including social networks and feelings of collectivity. On the other hand, as refugee girls were placed with foster families in the local community, they are underrepresented in the camps. The report expresses concern for the well-being of these girls, as they are expected to help with all household chores and thus have little time for education. Consequently, Rädda Barnen is working to encourage more families to send their girls to schools through community/family discussions and a "girl guide program." The paper also explores issues in the identification process and asserts that effective identification requires a national education program that addresses the fears of all involved. The paper favorably examines the Save the Children program in Malawi for war-affected children from Mozambique, but concludes that although much has been written about the importance of addressing children's trauma, very little has been done in practice.

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**Nongovernmental Organizations' Submission to the Standing Committee of the Executive Committee of the United Nations High Commissioner's Program, *Detention of Asylum-Seekers and Refugees: The Framework, the Problem and Recommended Practice*, EC/49/SC/CRP.13, June 4, 1999; [www.icva.ch/cgi-bin/browse.pl?doc=detention062899.html](http://www.icva.ch/cgi-bin/browse.pl?doc=detention062899.html).**

This statement of concern regarding the detention of asylum-seekers and refugees was voiced by NGOs to the Standing Committee of the Executive Committee of the United Nations High Commissioner's Program in 1999. The statement analyzes the detention of asylum seekers and refugees in a human rights context and looks specifically at the detention of children. In particular, it notes that procedures in countries that make provisions for the release of children can be obstructive and it expresses concern that appointing the detaining authority as legal guardian of an unaccompanied minor may be a conflict of interest.

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**Norwegian Refugee Council. *Brief History and Main Features of TEP for Angola, 1995-1998*. Norwegian Refugee Council, by arrangement with UNESCO-PEER, 1998.**

This document provides background and development information for the Teacher Emergency Packet (TEP) for Angola. Among the main targets are returning refugees or IDPs, particularly children and adolescents with no access to school or with incomplete schooling. It is also meant to provide a program of educational assistance to help establish a stable framework for basic education during a period of transition. It lists the main features of the general TEP and describes how the Norwegian Refugee Council adapted it for Angola, including principles and strategies for working with pupils, implementation and concerns for the program.

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**Norwegian Refugee Council. *Protection on Children and Adolescents in Complex Emergencies Oslo/Hadeland, 9-11 November 1998*, conference report. Norwegian Refugee Council, Redd Barna and UNHCR, 1999; <http://www.nrc.no/pub/protection/index.htm>.**

Among other meetings that have been held regarding education in emergencies, a conference on the Protection of Children and Adolescents in Complex Emergencies was held in Oslo, Norway, November 9-11, 1998, sponsored by the Norwegian Refugee Council (NRC) Redd Barna (Norwegian Save the Children) and UNHCR on Children and Adolescents in Armed Conflict, had a component on education and raised strong concerns regarding adolescents. Workshop working groups focused on the issues of preventing recruitment to military service, preventing gender-based violence and sexual abuse, protecting separated children, protecting adolescents, action to be taken with a focus on education and emergency assessment and inter-agency collaboration. All the groups highlighted education as an important preventive tool, in addition to the general importance of education. The participation of children and adolescents in the development and implementation of protective and preventive measures was also a reoccurring theme in the discussions. Among the recommendations of the conference are that a position for an adolescent-representative be established in the

office of the Special Representative and that education should be made the fourth component of emergency assistance (in addition to food, shelter and health care). The Conference provided an opportunity for UN agencies and NGOs to come together and discuss common measures directed at children and adolescents.

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**O'Bryon, Laurie. *Overview of Programs for Adolescents. Jesuit Refugee Service/USA, January 1999.***

This fact sheet provides a brief overview of Jesuit Refugee Service/USA's (JRS) livelihood programs. With respect to adolescents in armed conflict, it describes income-generation projects in JRS-supported schools in Cote d'Ivoire and Liberia, where students run chicken and pig raising projects, gardens, etc. It also highlights a project in the Guinea refugee camps where adolescents are taught to make furniture that they sell to the camps. The sheet lists income-generation projects for refugees in Burundi, Liberia, Kenya, Ethiopia, Zambia and South Africa and notes that although none are geared specifically to adolescents, many adolescent participate in these projects.

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**OAS (Organization of American States), Inter-American Commission on Human Rights. *Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights. Washington, DC: OAS, Inter-American Commission on Human Rights, OAS/Ser.L.V/II.92, doc. 31 rev. 3, 1996; www.cidh.oas.org/Basic%20Documents/enbas5.htm.***

This Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights, or the "Protocol of San Salvador," reaffirms the Member States' intention to consolidate a system of liberty and social justice based on the essential human rights. Two articles address the protection of children and adolescents in particular, and although not specifically aimed at those affected by armed conflict, these provisions apply to them as well. Article 15.c. obliges States to adopt special measures for the protection of adolescents in order to ensure their full physical, intellectual and moral development. Article 16 articulates the rights of the child and specifies that every child has the right to the protection afforded to minors, free and compulsory elementary education and higher education.

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**OAU (Organization of African Unity). *African Charter on the Rights and Welfare of the Child. OAU, 1990; Doc.CAB/LEG/24.9/49, www1.umn.edu/humanrts/africa/afchild.htm.***

This Charter was adopted by the African Member States of the Organization of African Unity in 1990. Articles 22 and 23 deal specifically with children in armed conflicts, refugee children and internally displaced children. Article 22 states that all parties to the Charter will ensure respect for international humanitarian law applicable to children affected by armed conflict; take all necessary measures to ensure that children are not directly involved in the conflict, particularly soldiering; and protect all children affected by armed conflict, whether internal or international. Article 23 asserts that all parties will take measures to ensure that refugee and displaced children receive appropriate protection and humanitarian assistance; cooperate with international organizations that protect and assist refugee children; and afford unaccompanied children the same protection as other children.

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**OAU (Organization of African Unity). *Resolution on the Plight of African Children in Situations of Armed Conflicts. Yaounde: OAU, July 1996.***

This resolution of the Council of Ministers of the Organization of African Unity exhorts all African countries to keep children out of war situations and to refrain from recruiting children under the age of 18. It reaffirms that the use of children in armed conflicts is a violation of their rights that should constitute a war crime and recommends the establishment of zones and corridors of peace during armed conflicts to protect and assist children. It also urges all parties to a conflict to release child soldiers and take the necessary steps, including education and training, to rehabilitate and reintegrate them into society.

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**Ogata, Sadako, High Commissioner for Refugees. *The Machel Study on the Impact of Armed Conflict on Children. Geneva: Office of the United Nations High Commissioner for Refugees, UNHCR/IOM/40/97 and UNHCR/FOM/47/97, July 15, 1997.***

This UNHCR Inter-Office Memorandum and Field Office Memorandum from Sadako Ogata to all Heads of Desks and Chiefs of Sections at Headquarters, all Directors of Operations at Headquarters and in the field, and all Representatives and Chiefs of Missions asks all offices to concentrate on five areas of "particular and immediate concern," one of them being adolescents. Adolescents are directly affected by the other four areas as well: sexual exploitation, education, pre-

vention/monitoring of military recruitment of children and unaccompanied children. The IOM also states that the scope of the Machel recommendations is broad, encompassing children in conflict zones as well as war-affected children who have reached safety.

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**Ogata, Sadako, High Commissioner for Refugees. *Senior Coordinator for Refugee Children. Geneva: Office of the United Nations High Commissioner for Refugees, UNHCR/IOM/64/92 and UNHCR/FOM/63/92, May 27, 1992.***

In this memorandum, Sadako Ogata, UN High Commissioner for Refugees, announces the appointment of Ms. Anne Skatvedt as the Senior Coordinator for Refugee Children. It states that her central responsibility will be assisting UNHCR in mainstreaming the needs of refugee children into all stages of UNHCR's program and project planning. It also lists the other key functions of the Senior Coordinator, who will report to the High Commissioner through the Deputy High Commissioner.

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**Otunnu, Olara A. *Special Representative of the Secretary-General for Children and Armed Conflict. Protection of Children Affected by Armed Conflict. United Nations General Assembly A/53/482, October 12, 1998.***

This annual report from the Special Representative of the Secretary-General for Children and Armed Conflict examines the main objectives of his office: to promote the prevention, protection and rehabilitation of children affected by armed conflict. The report analyzes key issues that the Special Representative is concentrating on, such as child soldiers, the respect for international norms and values, rape and other forms of sexual abuse, mine awareness and rehabilitation of child victims, displaced children, the impact of small arms on children, the impact of sanctions on children and incorporating standards into the operations of the United Nations. The report then examines the Special Representative's field missions and commitments on behalf of children in armed conflict in Afghanistan, Liberia, Sierra Leone, Sri Lanka, Sudan and the Federal Republic of Yugoslavia (Kosovo). The report reviews Mr. Otunnu's political advocacy on behalf of children in armed conflict situations, and makes a number of recommendations for future dialogue and activities.

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**Otunnu, Olara A. *Special Representative of the Secretary-General for Children and Armed Conflict. Rights of the Child: Children in Armed Conflict. Commission on Human Rights, fifty-fourth session, E/CN.4/1998/119, March 12, 1998.***

This interim report of Olara A. Otunnu, the Special Representative of the Secretary-General, provides background information pertaining to children affected by armed conflict and declares the need to focus particular attention on their plight. The Special Representative discusses the importance of taking norms and values seriously, in the form of both international instruments and local value systems, and lists the steps that he has taken to lay the groundwork for his activities. He describes the efforts that he will undertake to promote prevention, protection and rehabilitation, including public advocacy; mobilizing a coordinated response to post-conflict needs, such as the return and reintegration of displaced and refugee children, educational and vocational training, the demobilization of child soldiers and psychological recovery; and promoting concrete initiatives. He also asserts that he will advance these objectives through building partnerships and focusing on selected themes, such as the participation of children in armed conflict, sexual abuse and gender-based violence, mine-awareness and the rehabilitation of child victims, integrating standards into United Nations operations and the impact of sanctions on children. Although all of these issues apply to adolescents, the particular needs of adolescents are not mentioned.

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**Oxfam. *Psychosocial Examination of IDP Children and Women - Victims of Military Conflicts on the Territory of the Republic of Georgia, Survey on Internally Displaced People: Report and Recommendations. Tbilisi: Oxfam, December 1995.***

This report examines the work of the project "Social and Psycho-medical Examination of IDP Children and Women — Victims of Military Conflicts on the Territory of the Republic of Georgia," which found that 71 percent of the IDP children examined were in need of rehabilitation. Based on psychosocial and medical examinations carried out in collective centers, this report describes the methodology of the examinations, identifies and defines stressogenic factors affecting children and women, presents the results of the psychological testing and examines the stressogenic factors and the somatic state of children before and after psychic trauma. The psychological problems of children after conflict include anger, aggressiveness, instability and a feeling of one's own insignificance and spiritual bankruptcy, and children reported nightmares, estrangement, subdepression and enhanced reactions of fear. Furthermore, adolescents between the ages of 11 and 14 displayed a group reaction of protective aggressiveness, delinquent behavior, distrustfulness, hostility and destructiveness. In conclusion, the report presents recommendations concerning the psychosocial rehabilitation of IDP children and women.

**Petty, Celia and Patrick J. Bracken. *Rethinking the Trauma of War*. Free Association Books Ltd. and Save the Children Fund, 1998.**

This book examines and critiques the use of Western trauma experts and concepts in situations of conflict around the world. The authors, professionals who have worked on the behalf of children and adults affected by armed conflict in psychosocial interventions, discuss the applicability of Western concepts in different cultures and suggest alternative ways of responding to trauma in humanitarian operations. Adolescent-specific concerns are discussed in a chapter on community involvement in the social reintegration of child soldiers; on the problems of institutional care within the context of conflict, poverty and family separation; and on youth combatants in Sierra Leone. Other chapters deal with the social experience of war and the accompanying issues for the humanitarian field; deconstructing post traumatic stress disorder; psycho-socio-cultural wounds from sexual violence and the healing processes, illustrated by a case study from the former Yugoslavia; caring for victims of torture in Uganda; and refugees and asylum seekers in the West.

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**Petty, Celia and Shon Campbell, eds. *Rethinking the Trauma of War: A Conference Report*. Save the Children Fund, May 1996.**

This conference report presents a series of presentations which discuss and elaborate on fundamental questions about the current models of psychological/trauma interventions as well as alternative approaches. The presentations scrutinize the validity of underlying assumptions about trauma treatment; the cultural relevance, acceptability and sustainability of interventions; the use of local skills and resources; and the broader developmental context required for the reconstruction of lives and livelihood. Many of the presentations highlight the danger of simply exporting Western psychiatry and emphasize the importance of incorporating people's own choices, traditions and skills into interventions and strategies. Moreover, one presentation deals specifically with community involvement in the social reintegration of child soldiers and another explores the institutionalization of children in the context of war. The report reviews discussions and recommendations from working groups on children, women and refugees concerning how they are affected by conflict and psychosocial interventions, and it emphasizes the need for more information on these issues.

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**Plummer, Sandi, Dr. *Children and Trauma: Fostering Healing and Supporting Recovery*. World Vision, 1997.**

This booklet, prepared for World Vision's CEDC (Children in Especially Difficult Circumstances) 1997 workshops, is a compilation of workshop notes for those who work with children who have experienced trauma and are in crisis. The booklet, which aims to help prevent further mishandling or neglect of children, advocates managing child stress and crisis by fostering healing and recovery. The booklet discusses the meaning of trauma, identifies the signs and symptoms of trauma, and examines what is needed to support the healing and recovery of a traumatized child. In particular, the booklet reviews the behavior of children by age group and asserts that the impact that trauma has on the self-confidence and self-esteem of adolescents is more pronounced than on other children. Moodiness is replaced by a mood, such as aggressiveness or isolation, which often leads to extremes in risk-taking behavior and a preoccupation with the self.

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**Population Council. *Social Pressures are Keys to Adolescent Reproductive Behavior*. Population Council, December 16, 1998**

This press release details the wealth of findings in a monograph from the Population Council: *The Uncharted Passage: Girls' Adolescence in the Developing World*. It discusses the approach taken by the authors, Barbara S. Mensch, Judith Bruce and Margaret E. Greene, who explore adolescence with a gender focus. It gives a detailed overview of the findings of the monograph with respect to the home, school and work lives of adolescent girls and looks at adolescent reproductive health, marriage and childbearing. It ends by calling for and setting out an agenda for policy, programs and research on behalf of the gender and age specific needs of adolescent girls.

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**President of the Security Council. *Statement by the President of the Security Council*. United Nations Security Council, S/PRST/1998/18, June 29, 1998.**

This statement by the President of the Security Council was made on behalf of the Council in regard to children in armed conflict. The President expresses the Council's grave concern at the impact of armed conflict on children and strong condemnation of the targeting of children in situations of armed conflict, including sexual abuse, recruitment into conflict, brutalization, abduction and forced displacement. The President also states the Council's intention to pay serious attention to this matter as well as its readiness to consider appropriate responses to the targeting of children's areas and buildings. The Council will support efforts to end child recruitment and child soldiering, give special consideration to the dis-

armament and demobilization of child soldiers, and promote child-centered physical, psychological and social rehabilitation programs.

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**Rädda Barnen. *Protection of Children in Refugee Emergencies*. Stockholm: Rädda Barnen, 1995.**

This report assesses the conditions of children in the camps for Rwandan refugees and asserts their right to physical and psychological protection, recovery and social reintegration. After reviewing the human rights standards relating to children, the report describes the viciousness with which children were victims as well as perpetrators of the violence in Rwanda. Because Tutsi boys were a particular target, many survivors are young girls and women. Furthermore, there are an estimated 150,000 children separated from their parents due to the war; as many as 35,000 of them live in institutions or camps for unaccompanied minors. The report examines the particular dangers for these children, including neglect, physical and sexual abuse, exploitation and forced military recruitment. Even children taken into the care of families are in vulnerable situations, as many of the families are headed by widows and elderly grandmothers among others. The report looks at new and ongoing projects, identifies the gaps in protecting vulnerable children and recommends that rehabilitation programs minimize institutions for unaccompanied children and support early tracing and family reunion efforts. Closer collaboration between protection and community service is also needed. The report concludes that the rehabilitation and social reintegration of all children is a monumental activity, but one which is paramount for a peaceful Rwanda.

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**Rädda Barnen. *Rädda Barnen's Policy with Regard to Children in Armed Conflict and Displacement and Children in Emergency Situations*. Stockholm: Rädda Barnen, March 1998.**

This document presents a strategy for Rädda Barnen's international work with children in armed conflict, especially child soldiers; displaced children, in their home-country or abroad; children in hazardous large-scale repatriation situations; and children in emergency situations. It asserts that children within the following groups should be afforded special attention and measures: unaccompanied children; young people, particularly girls; and physically or psychologically disabled children. The document briefly discusses the aim of Rädda Barnen's work on behalf of these children — to respect and protect their rights — and its methods in accomplishing these aims, including studies, practical support and advocacy.

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**Raven-Roberts, Angela and Bruce Dick. "Safe Places for Youth: Issues of Youth in Conflict Zones and Disordered States." Oxford: *Refugee Participation Network newsletter* 24, September 1997.**

This paper examines the Safe Places for Youth Scheme in conflict and crisis situations. The authors argue that this concept not only provides a usable model for the provision of services to youth, but also utilizes their energy, resources and potential. The key components of Safe Places for Youth are examined, including core goals, location, youth participation, core activities, training and strategies for monitoring and evaluation. The authors assert that this model can be used not only in emergency and post-emergency situations, but also during demobilization and reconstruction.

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**Ravn Omdal, Grete. *TEP for Angola - The Teacher Emergency Package, Trainer's and Teacher's Manual*. Norwegian Refugee Council, by arrangement with UNESCO-PEER, 1999.**

This report provides a brief background and history of the TEP for Angola. It contains the components in the total TEP for Angola: the kit, including Teacher Guide, the Introduction of the TEP program, the Teacher-Training Seminar, the Training Centre/Teacher Resource Centre, the Building of Community Schools and the Implementation of the School Program. The TEP also includes recommendations for educational lessons and games, and it presents lessons learned.

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**Reinhold, Amy Jo. *Girls' Education: Community Perspectives on Access and Quality*. OKNO and Anaconda Press, Inc., 1996.**

This booklet looks at various approaches to investing in girls' education, including Save the Children's Village School model in Malawi, which has increased girls' access to a quality primary education. The author argues that investing in girls' education is one of the best investments in developing countries in terms of health as well as economics. The booklet explores the benefits of community-based efforts for girls' education and examines the skills that are particularly relevant for girls. The booklet concludes by offering a summary of recommendations for improving girls' education.

**Reproductive Health for Refugees Consortium. *Refugees and Reproductive Health Care: The Next Step*. JSI Research and Training Institute, 1998.**

This report is a collaborative effort among members of the Reproductive Health for Refugees Consortium. The report gives impressions and data pertaining to the state of reproductive health for refugees and IDPs in Thailand, Mexico, Guatemala, Rwanda, Cote d'Ivoire, Guinea, Sierra Leone and the Former Yugoslavia as well as Afghan refugees in Pakistan, Palestinians in Lebanon, Somalis in Ethiopia and Tibetans in South Asia. It provides an overview of the background of the refugees in each country and reviews the camp conditions, general health conditions and services, and reproductive health conditions and services. The report then addresses the "next step" and recommends ways to better meet the reproductive needs of these refugees and IDPs. It also highlights adolescent-specific problems, including sexual violence, STDs/HIV, prostitution, rape, war trauma and lack of education, vocational training and employment assistance. Finally, the report provides examples of programs that address these needs, such as the successful targeting of adolescents through the HIV/AIDS intervention "Adolescent Health Day" in the Tanzanian Benaco camp.

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**Ressler, Everett M. *Evacuation of Children From Conflict Areas: Considerations and Guidelines*. Geneva: UNHCR, December 1992.**

This paper, initiated in response to the situation in the former Yugoslavia in August/September 1992, presents information for all parties who must decide whether or not to evacuate children from conflict situations. The paper reviews previous evacuation experiences and synthesizes lessons learned from those experiences. The author asserts that in all instances the main consideration must be guided by a concern for the best interests of the child. Furthermore, he states that decisions must enable families to meet the needs of children in their care. The paper notes that the impact of evacuation on a child's psychological and social well-being should be a critical concern, and if evacuation is necessary, children should be evacuated as part of a family unit. Only where there is high risk of loss of life for specific children should they be evacuated without their family, and in such cases children need special protective measures.

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**Rhodes, Ken. *Save the Children's Children and War Project for Mozambican Refugees. Presentation at the Basic Education in Emergencies and Transition Situations: A First Sharing of Program Lessons*" workshop, March 1999.**

This presentation detailed the Children and War (CAW) project, run by Save the Children from 1989-1994, which addressed the problems of refugee children in Mozambique, Malawi and Zimbabwe who were traumatized by war and separated from their parents. The project discussed how the two components — family reunification and after-school programs — incorporated and actively involved adolescents as *activistas*, who facilitated activities and acted as mentors for younger children, and as participants in skills training. Save the Children found that involving adolescents in constructive activities improved their self-esteem, helped their psychological and social adjustment from the trauma of war, eased the process of relocation and prepared them to be more productive citizens upon their return.

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**Rhodes, Rebecca H., David Walker and Nyan Martor. *Where Do Our Girls Go? Female Dropout in the IRC Guinea Primary Schools*. IRC, October 1998.**

This paper presents the results of a study on the causes of dropout among refugee girls in the International Rescue Committee's primary schools for Sierra Leonean and Liberian refugees in Guinea. It outlines the methodology of the study and presents the opinions of the parents and students concerning education for girls. The paper provides a comprehensive picture of the economic and social factors that interfere with refugee girls' completion of primary school and recommends measures that the IRC Guinea could implement to address the cultural, familial and economic causes of female dropout. The paper notes that unlike young girls, the IRC already has programs for adolescent girls that emphasize their development of self-esteem and contraceptive knowledge, which enable them to continue their education.

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**Rubin, Elizabeth. "Our Children are Killing Us." *The New Yorker*, March 23, 1998.**

This article looks at the problem of child soldiers in Uganda. In particular, the article focuses on the terror tactics used by the Lord's Resistance Army, 80 percent of whose troops are estimated to be between the ages of seven and seventeen, in abducting and training child soldiers. The article also examines the services available to child soldiers in the trauma centers in Gulu, the largest town in the north, but notes that many children who escape the army never enter the trauma centers.

**Save the Children. *Keeping Children with Families in Emergencies: Presentations and Background Papers From an Interagency Meeting.* London: Save the Children Fund, 1997.**

This report is a compilation of presentations and background papers from a 1997 interagency meeting on the issue of keeping children with families in emergencies. The presentations document program strategies and experiences in the areas of preventing separation, fostering refugee children, regional coordination, and reunification and reintegration. The report also includes background papers on NGO programs in the Great Lakes region, Rwanda, the Democratic Republic of Congo, Burundi, Uganda, Sudan, Southern Africa and Europe.

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**Save the Children Federation. *Facts: Children in Crisis.* Save the Children Federation, 1996.**

This fact sheet documents Save the Children's programs on behalf of children in crisis in Africa, Eastern Europe, Latin America/Caribbean, the Middle East and North America. In particular, the fact sheet describes family reunification efforts for child ex-combatants as well as non-combatants in Mozambique; psychosocial interventions for unaccompanied children as well as development of community youth programs in Rwanda, which provide training, ongoing supervision and material support for youth groups; resettlement programs and landmine education for IDPs in Angola; and the establishment of study centers in the former Yugoslavia, which are safe havens as well as a structured place for children to learn and play.

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**Save the Children Federation. *Save the Children in Afghanistan.* Save the Children Federation, October 1996.**

This fact sheet documents Save the Children's programs on behalf of children in need in Afghanistan. The fact sheet describes the Children and War Program's Landmines Education project, which includes landmine education, psychosocial activities and child-focused interventions. Save the Children is also involved with non-formal education that promotes female health and literacy, targets school-aged girls and women and provides safe environments for children to play. The sheet also discusses Save the Children's work with Afghan refugees in Pakistan, including education and health programs.

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**Save the Children Federation. *Why Save the Children Focuses on and Works With Women and Girls.* Save the Children Federation, 1997.**

This fact sheet, which asserts that women/child impact programs support gender equity as a means to ensure maximum benefits to children, looks at Save the Children's support of programs that improve girl's and women's access to health, economic and education opportunities. It reveals that two-thirds of the 130 million children without access to primary education are girls, and that on average, by the age of 18, girls have received 4.4 years less education than boys.

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**Save the Children Federation, Women/Child Impact Program. *Program Exchange.* Washington, D.C.: Save the Children Federation, Winter/Spring 1998.**

This Save the Children's International Programs newsletter includes an article on its student health clubs in Ethiopia. In particular, the article documents the Urban Project, which trains high school teachers and students through its Training of Trainers course in Adolescent Reproductive Health. The objectives of the course, which include reducing HIV/AIDS and STD infection as well as unwanted pregnancy, are met by a variety of strategies, such as forming health clubs, disseminating information of adolescent sexuality through school media and encouraging young people to write poems, songs and have debates. The newsletter also mentions future program initiatives for the health education program, including holding discussions where young people with HIV/AIDS discuss how it has affected their lives and the lives of their family.

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**Save the Children, Nicaragua Field Office. *Program of Cooperation in Nicaragua.* Save the Children, Nicaragua Field Office, January 1998.**

This booklet presents information on the various programs that Save the Children Nicaragua provides, including School Council Expansion, Child-to-Child, and Adolescent Circles. The booklet briefly examines the importance of the adolescent stage of development (12-18 years of age) for young people, the community and the society, and then describes the Adolescent Circles program. This program provides adolescent girls and boys with a supportive environment where they can share their thoughts, goals and fears. Within a structured curriculum, adolescents learn about health issues that affect them and learn to assume responsibility for their development and future.

**Scaman, Tim. *Briefing Paper on Child Soldiers in Cambodia. Cambodian League for Promotion and Defense of Human Rights, September 1997.***

This briefing paper documents the existence of child soldiers in Cambodia, both in the Khmer Rouge and in the government army. The document cites a lack of data and statistics regarding the recruitment of child soldiers as well as the psychosocial, educational and physical effects of soldiering on children. The author sets forth a number of recommendations for the Cambodian government and international NGOs, including undertaking more research on child soldiers; recovery and rehabilitation efforts to aid wounded or amputee child soldiers; and a demobilization program, that would include vocational training and support to those without families.

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**Sellick, Patricia. *The Impact of Conflict on Children in Afghanistan. Save the Children Federation and UNICEF, May 1998.***

Organized around the themes of survival, protection, development and participation contained in the Convention on the Rights of the Child, this report examines the needs of children affected by armed conflict in Afghanistan. The author asserts that adolescent girls are the most secluded group within Afghan society and that adolescent boys require alternative economic opportunities, such as skills training and mentoring, to prevent them from becoming combatants. Furthermore, she states that adolescents require, but are not receiving, preparation for their role as parents of the next generation.

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**Shannon, Adam. *Advocating for Adolescent Reproductive Health in Sub-Saharan Africa. Washington, D.C.: Advocates for Youth, 1998.***

This guidebook provides information on how to best design and carry out an effective advocacy campaign in support of adolescent reproductive health. It discusses how to perform a needs assessment and survey; organize and run a focus group; formulate goals and objectives; work with and involve other organizations, individuals and young people; and educate the public. It also discusses how to persuade the public and policy makers to support adolescent reproductive health education and services, answer frequently asked questions about adolescent reproductive health, respond to opposition and evaluate the results and adjust strategies. The guidebook also provides case studies of advocacy efforts, strategies and activities of reproductive health advocates in sub-Saharan Africa, Kenya, Ghana and Zambia.

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**Simmons, Ann M. "Uganda Civil War Ensnarers Its Children." *Los Angeles Times, October 11, 1997.***

This article exposes the brutality with which children in northern Uganda are abducted into the Lord's Resistance Army and looks at the resources available to help them. The article provides an overview of the political situation in Uganda and chronicles the abuse of children and adolescent captives, including sexual violence and torture. The author reports that there are no government-sponsored programs or resources for children abducted by rebels and only two trauma centers, one run by World Vision Uganda and the other by Gulu Support for Children Organization. The author describes the state of the adolescents at these centers, who are usually malnourished, sick and often carry an STD, and briefly examines the programs offered.

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**Smets, Christian. *Burundi starts to treat Invisible Wounds. UNICEF, 1995; gopher://gqfaus01.unicef.org:70/00/.cefddata/.fcc95/fcc22.***

This article looks at Aid to Unaccompanied Children, a UNICEF program designed to deal with the trauma suffered by children during the Burundian conflict in late 1993. A study revealed that virtually no child escaped trauma due to the conflict. The author describes the particular symptoms of trauma in adolescents, including a desire for vengeance and aggression that often leads to delinquency, the use of drugs or alcohol and prostitution for adolescent girls. He also discusses the ways in which UNICEF plans to help these traumatized adolescents, including peace education and helping caregivers deal with trauma themselves.

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**Sommers, Marc. *A Child's Nightmare: Burundian Children at Risk: A Field Report Assessing the Protection and Assistance Needs of Burundian Children and Adolescents. Women's Commission for Refugee Women and Children, 1998.***

This field report identifies the areas of concern for and needs of children and adolescents affected by armed conflict in Burundi. Particularly, it examines how the lack of effective adolescent refugee programs has meant that adolescents' needs remain significant despite years of service provision. For example, adolescents desire skills training opportunities for income-generation and activities to reduce their idleness; however, youth program funding is limited. The author

asserts that although local UNHCR, UNICEF and NGO officials are beginning to recognize the need for adolescent programming, the problem is not only one of funds, but also one of ideas. In conclusion, the author recommends that adolescent refugee programming be recognized as an essential humanitarian priority and future programs include distance education and community-based literacy programming in national as well as regional languages.

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**Spink, Peter.** *Report on Preliminary Information-Gathering for Emergency/Non-Formal Education.* IRC Albania, October 1998.

This report investigates what is being planned or done by various agencies/organizations in regard to education for refugees in Albania. It highlights the unmet need for non-formal education for adolescent refugees. The report also notes the lack of after-school support, educational materials and help for children with psychological trauma, physical and mental disabilities.

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**Stallard, Paul and Fergus Law.** "The Psychological Effects of Traumas on Children." *Children and Society*, Volume 8, Issue 2, 1994.

This article argues that children involved in traumatic events, including armed conflict, suffer significant and prolonged psychological distress. However, it states that adults have often denied or underrated the severity of such distress, and as a result, children do not receive the help and care they need. The author recommends that parents, teaching staff and other adults be educated about the nature and duration of traumatic events on children.

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**Stancliff, Rachel and Julia Kharashvili.** *Survey on Internally Displaced People in Georgia: Report and Recommendations.* Tbilisi: Norwegian Refugee Council, April 1995.

This report provides the results and an analysis of a household survey of IDPs in Georgia, carried out in November/December 1994 by the Norwegian Refugee Council. The results reveal that close to half of the parents reported a psychological change in their children's physical health. Moreover, one-third of children are reported to have become nervous and have problems such as sleeping difficulties and aggressiveness. Consequently, it asserts that there is a definite need for psychosocial programs that target children. The survey also found that almost 18 percent of all IDP children never attend school, largely due to lack of clothes, shoes and school materials, and a small percentage of children irregularly attend school due to work. However, education programs usually target children who are already attending school. Thus, the authors recommend that when designing education programs, agencies should examine reasons for children not attending school.

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**Sterk, Paul.** *Children Associated with War: Child Soldiers in Sierra Leone.* [www.euronet.nl/~p\\_sterk/childsol.htm](http://www.euronet.nl/~p_sterk/childsol.htm).

This article looks at the problems and gaps in programming for child soldiers in Sierra Leone. The author, a family psychologist and psychiatric social worker, finds that most children are very traumatized and need special attention and appropriate programs. However, he states that such programs are not being offered, and the programs that do exist lack medical assistance, medicine and educational supplies. Furthermore, many program workers are insufficiently trained, and there is no effective psycho-therapeutic referral system in the country. Although he commends the focus on community-based planning and responsibility in existing programs for child soldiers, the author believes that many children need more special training and counseling before they will be capable of going back to normal family life.

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**Tatom, Karen L..** *Meeting an Urgent and Unmet Need: Making Reproductive Health Services Available and Accessible to Forcibly Displaced Young People.* WHO Draft Report, May 1998.

This report, commissioned by WHO, asserts that there are subgroups of young people, ages 10-24, who are more vulnerable than others in terms of their reproductive health needs. One of those groups, the author states, is forcibly displaced young IDPs and refugees. She identifies who forcibly displaced young people are, where they may be, what their special reproductive health needs are and what is being done to meet those needs. She looks at the situation by region, reviews factors that can cause or increase one's vulnerability to sexual violence and discusses strategies to meet the reproductive health needs of forcibly displaced young people. The author highlights the dearth of data concerning the numbers and needs of forcibly displaced young people, suggests areas that warrant further analysis and recommends site-specific analysis, population-specific analysis and sensitizing aid/relief organizations to the reproductive health needs of forcibly displaced young people.

**Tefferi, Hirut. *Child Soldiers in Southern Sudan*. Stockholm: Rädda Barnen, April 1997.**

This paper, presented in 1997 to the Symposium on the Prevention of Recruitment of Children into the Armed Forces and Demobilization and Social Reintegration of Child Soldiers in Africa, explores the history of the use of child soldiers in Southern Sudan from the early 1960s to the present. The author asserts that the history of child soldiers in Southern Sudan is closely linked to children's lack of access to education and the phenomenon of unaccompanied children. Although there has been no formal demobilization of child soldiers in Southern Sudan, there have been many instances where child soldiers have been demobilized. The paper explores and makes recommendations pertaining to efforts to demobilize child soldiers during armed conflict, including community requests, desertion, family reunification and the development of civil structure. In conclusion, the author recommends that education, family reunification, community awareness raising, the revival of traditional practices, capacity-building measures and social integration efforts become key provisions of child soldier assistance and demobilization in Southern Sudan.

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**Torsney, Janet, ed. *On the Protection and Care of Unaccompanied Refugee Children*. Save the Children Federation, 1994.**

This report provides an overview of the proceedings and accomplishments of the 1994 Bellagio Conference, held in Bellagio, Italy. The goal of the conference, which focused particularly on Africa and the former Yugoslavia, was to assert critical guidelines for durable solutions to the problems of unaccompanied refugee and IDP children. The report includes a Statement on the Protection and Care of Unaccompanied Refugee Minors, looks at the positive developments in this field and provides excerpts from workshop and discussion papers on issues such as policy, family tracing and reunification and evaluation of past NGO programs. It concludes that unaccompanied refugee and IDP children need additional protection and support and that caregivers must be guided by the best interests of the child.

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**Torsney, Janet, ed. *Save the Children 1997 Annual Report*. Save the Children Federation, 1997.**

This annual report documents Save the Children Federation's work on behalf of children in crisis and armed conflict situations. The report provides an overview of where Save the Children works, program highlights and financial information. In particular, the report highlights Save the Children's AIDS prevention program for teens in Malawi; landmine prevention, psychological support and education programs for landmine survivors in Afghanistan; and psychological and social support programs for children in Rwanda and ex-Yugoslavia. The report also provides a brief outline of all of Save the Children's programs, including vocational skills training for young people in the Philippines; physical and psychosocial improvement for children in institutions in Azerbaijan; youth camps in Thailand; and programs to improve war-affected people's access to health care and rehabilitative services in Laos.

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**UNESCO-PEER. *UNESCO-PEER*. UNESCO-PEER, 1996; [ginie.sched.pitt.edu/peer/index.html](http://ginie.sched.pitt.edu/peer/index.html).**

This document describes the UNESCO-PEER (Programme for Education for Emergencies and Reconstruction) project, which began in 1993 in Somalia with the development of a Teacher Emergency Package (TEP). It presents the components of UNESCO-PEER programs, including the TEP, Teacher Training Workshops of TEP, reconstruction of curriculum and landmine awareness campaigns. The document also provides a look at how each component has been adapted to various countries in Central, East and the Horn regions of Africa through a description of programs, graphs, pictures and illustrations of program meetings, booklets and posters. With regard to the particular problems of adolescents, the document notes the use of TEPs for the demobilization of youth groups in Somaliland and peace education in Rwanda.

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**UNESCO-PEER. *UNESCO- PEER*, 1998; [www.pitt.edu/~ginie/peer/](http://www.pitt.edu/~ginie/peer/).**

The UNESCO-PEER (Programme for Education for Emergencies and Reconstruction) website presents an overview of the PEER program, which responds to emergencies by intervening on behalf of education all along the "relief-to-development" continuum. UNESCO-PEER began in Mogadishu, Somalia in 1993 and has since expanded to many other countries and refugee camps. The site contains a brochure, which describes the UNESCO-PEER project and focuses on Central, East and the Horn Regions of Africa; a contact list; a variety of documents; and an organization list. The document section provides a wide selection of background information, including country reports, curriculum materials, economic and social indicators, logistics and teacher training information.

**UNFAO (United Nations Food and Agriculture Organization). *Study on the Impact of Armed Conflicts on the Nutritional Situation of Children*. Rome: UNFAO, Food and Nutrition Division, 1996.**

This report, prepared for the Machel Study, examines the impact of armed conflict on children's nutritional status and considers the issues of malnutrition, poor health care and the disruption of family care practices. It argues that the impact of malnutrition on the physical and mental development of children not only affects the individual child, but also the future development of a country. Consequently, the report asserts that interventions on behalf of nutrition involve efforts to maintain physical, intellectual and cognitive development, including psychosocial well-being. The report notes that there is insufficient information available on the nutritional and physiological status of older children, particularly those between the ages of ten and 18, whose physiological status is largely ignored. It states that adolescents and youth are more vulnerable to inadequate care and psychosocial trauma than other children and also suffer loss of education, increased sexual violence, family separation and recruitment into the military. The report notes the lack of research on the role of the child within different communities and how roles change with age. In order to design effective relief interventions and capacity-building programs, the report concludes that assessments should develop a better understanding of the coping strategies people use in different phases of the conflict.

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**UNFPA (United Nations Population Fund). *Inventory of Population Projects in Developing Countries Around the World*. UNFPA, 1996.**

This inventory details multilateral organization assistance, bilateral agency assistance, nongovernmental organization assistance and other assistance to developing countries, many of which are affected by armed conflict. Within each geographical grouping, programs are subdivided into one of six categories: basic reproductive health; family planning; maternal and child health; prevention of AIDS and STDs; research, data analysis and population policies; and information, education and communication. The preface highlights the special reproductive health needs of adolescents, and the book is a useful guide to a number of adolescent reproductive health and education projects

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**UNFPA (United Nations Population Fund). *Technical Meeting on Reproductive Health Services in Crisis Situations*. UNFPA, 1998.**

This report documents the proceedings of a meeting organized by the United Nations Population Fund, which is part of a series of conferences and workshops to review progress since the 1994 International Conference on Population and Development in Cairo. Working groups at the conference addressed six major themes: minimum reproductive health services in emergencies; sexual violence; adolescent reproductive health; coordination of reproductive health services; information systems; and sexually transmitted diseases and HIV/AIDS. Participants presented information on adolescent-specific programs, and experts noted that there are still very few reproductive health services for adolescents despite the fact that they are exposed to sexual violence in crisis situations. The working group on adolescent reproductive health proposed that relief workers, health care providers and other personnel adopt a holistic approach and be more aware of adolescent concerns. The working group also expressed the need to develop culturally appropriate and sustainable programs through participation by the target community, training local counterparts and involving community representatives at all stages of programs.

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**UNFPA (United Nations Population Fund), Emergency Relief Office. *Updated Reproductive Health Care Projects for Adolescents in Refugee Situations*. UNFPA, October 1998.**

This background paper states that of the approximately 50 million refugees or forcibly displaced persons worldwide, some 20 million, or 40 percent, are adolescents. It provides an overview of reproductive health care projects for adolescents in refugee situations and asserts that access to reproductive health care is a vital human right. The paper examines why reproductive health for adolescent refugees is a concern of the international community, reviews the international instruments relating to adolescent reproductive health and examines the particular sexual and reproductive health needs of adolescents, including early and unwanted pregnancy, STDs and HIV/AIDS and sexual violence. It then reviews reproductive health care programs for adolescent refugees, revealing a lack of information as well as a dearth of programs. The two main projects examined are Family Health International and the World Association of Girl Guides and Girl Scouts' Health for Adolescent Refugees Project in Egypt, Tanzania and Zambia and the International Rescue Committee's Reproductive Health Education for Adolescents in Refugee Situations in Guinea. Other projects in Congo, Kenya, Sudan, Tanzania, Zaire, Zambia, Bosnia-Herzegovina and Sri Lanka are also briefly reviewed.

**UNHCR (United Nations High Commissioner for Refugees). *1999 Global Appeal Programme Overview*. UNHCR, 1999; [www.unhcr.ch/fdrs/ga99/children.htm](http://www.unhcr.ch/fdrs/ga99/children.htm).**

This program overview of UNHCR's Global Appeal offers a picture of UNHCR's activities and priorities for 1999. It includes details of UNHCR's operations throughout the world, plus chapters on issues such as protection, children and adolescents, women and the environment. With regard to children and adolescents, the overview states that programs now being implemented focus on peace-building, adolescents, girls' education, separated children, child soldiers and sexual exploitation. It reports that adolescent-specific campaigns are being implemented in many country programs, with an emphasis on issues such as AIDS, drug use and early marriage, and describes an adolescent-specific youth leadership project in Ngara, Tanzania. The overview also includes information about UNHCR's Trust Fund for Refugee Children and Adolescents, which has enabled UNHCR to establish Regional Policy Officers for Children and develop Action for the Rights of Children and the Peace Education Program.

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**UNHCR (United Nations High Commissioner for Refugees). *Country Profile: Pakistan*. UNHCR, April 1998; [www.unhcr.ch/world/mide/pakistan.htm](http://www.unhcr.ch/world/mide/pakistan.htm).**

This country profile briefly examines the conflict that has driven Afghan refugees to the Afghan-Pakistani border and reports on the assistance UNHCR gives to the refugees. It reviews UNHCR's general programs for strengthening refugees' self-reliance, particularly among vulnerable groups. It also lists program and activity examples for the refugees, including UNHCR-funded non-formal education groups for late-teenage or adult refugee women. The document states that UNHCR made expanding the number of school places for girls one of its main priorities in 1998 and that UNHCR-funded education programs for refugee girls and women have dramatically increased.

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**UNHCR (United Nations High Commissioner for Refugees). *Education for Peace, Conflict Resolution and Human Rights*. UNHCR, Programme and Technical Support Section, PTSS Discussion Paper No. 14, April 1997.**

This report summarizes the proceeding of the Design Workshop, held in 1997, where participants discussed ongoing UNHCR-funded programs at the grass-roots level that have a peace-building potential focus and drew up plans for future action. Participants examined on-going and proposed peace education, conflict resolution and human rights experiences in refugee situations in Guinea, Côte d'Ivoire, Tanzania, Kenya, Kyrgyzstan and Nepal, illustrating the range of activities that can be undertaken. The document states that participants concluded that "entry-points" for peace building activities include education programs, community service programs and protection/legal programs. Community service programs in particular were found to help vulnerable refugee groups such as unaccompanied minors.

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**UNHCR (United Nations High Commissioner for Refugees). *Guidelines on Policies and Procedures in dealing with Unaccompanied Children seeking Asylum*. Geneva: UNHCR, February 1997.**

These guidelines set forth recommendations for meeting the special needs of unaccompanied children seeking asylum. They are to be applied in conjunction with the UNHCR Guidelines on Refugee Children in order to, among other things, promote awareness of the special needs of unaccompanied children and their rights and highlight the importance of a comprehensive approach. The guidelines articulate the general principles that the best interests of the child should guide all child care and protection action and the importance of delivering effective protection and assistance to unaccompanied children in a systematic, comprehensive and integrated manner. They also lay out principles for dealing with unaccompanied children seeking asylum in relation to access to the territory; identification and initial action; access to asylum procedures; interim care and protection; refugee status determination; identification and implementation of durable solutions; staff training; and cooperation and coordination.

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**UNHCR (United Nations High Commissioner for Refugees). *The Impact of Armed Conflict on Children: The Refugee and Displaced Children Dimension*. UNHCR, July 9, 1996.**

This report, written by UNHCR for the United Nations study on the Impact of Armed Conflict on Children, highlights and examines the particular protection and assistance needs of children fleeing armed conflict situations, crossing borders, in countries of asylum and during repatriation. It analyzes the issues of, and prevention strategies for, forced recruitment of child soldiers, sexual abuse, family separation, internal displacement and psychological/psychosocial harm, and it advocates for intervention based on examinations of children's coping strategies. The report describes the specific formal and non-formal educational needs of adolescents and youth and

asserts that adolescent idleness and inactivity breed negative social effects, including prostitution, drug use, sexual violence and early pregnancy. Thus, it argues, adolescent and youth education contributes to the protection, psychosocial well-being and security of adolescents and their communities. The report also looks specifically at adolescent needs in terms of family tracing, foster care, internal displacement and access to land. Finally, the report examines the role and difficulties of the UNHCR in promoting and protecting the rights of children, emphasizes the importance of Convention on the Rights of the Child and the opinions of the children and adolescents themselves and presents conclusions and recommendations.

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**UNHCR (United Nations High Commissioner for Refugees). *Issues: Internally Displaced Persons*. UNHCR website; <http://www.unhcr.ch/issues/idp/idp.htm>.**

This article looks at the plight of people who are internally displaced within the borders of their own country. It states that of the 22.4 million people presently under UNHCR responsibility worldwide, nearly 6 million are internally displaced. It describes UNHCR's involvement in the effort to protect and assist them, and briefly discusses the difficulties encountered while acting on their behalf.

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**UNHCR (United Nations High Commissioner for Refugees). *Refugee Children: Guidelines on Protection and Care*. UNHCR, 1994.**

The 1994 Guidelines, an aide for those who work with or on behalf of refugee children, call on UNHCR and partners in the field to take into account the specific needs of refugee children and adolescents concerning issues of culture, psychosocial well-being, health and nutrition, prevention and treatment of disabilities, personal liberty, legal status, education and unaccompanied minors. Although framed by the word "child," the Guidelines also apply to adolescents, as the CRC's definition of "child" is anyone below the age of eighteen years. With respect to adolescents, the Guidelines emphasize the importance of meeting their health and reproductive health education needs, particularly the special needs of adolescent girls; providing formal as well as non-formal education; discussing employment, sexuality and adjusting to the host country culture; and providing adolescent-specific activities. The Guidelines also articulate the right of adolescents to decide what is in their own best interest and recommend that unaccompanied adolescents be supported but live independently, supervised by adults within their own culture.

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**UNHCR (United Nations High Commissioner for Refugees). *Revised (1995) Guidelines for Educational Assistance to Refugees*. Geneva: UNHCR, PTSS, June 1995.**

The revised edition of this document incorporates policies developed in response to the 1989 Convention on the Rights of the Child, including the 1993 "UNHCR Policy on Refugee Children," the 1994 UNHCR "Refugee Children: Guidelines on Protection and Care" and the UNHCR Executive Committee's "Conclusions on Refugee Children." It takes into account the circumstances of the mid 1990s, with an emphasis on the durable solution of voluntary repatriation; provides an introduction to the subject of refugee education; and presents an overview of UNHCR policies regarding different types and aspects of refugee education and training, including secondary school, skills training and other education activities. It also offers guidance on the design and content of education and training programs, including schooling in an emergency, for an extended stay and for early voluntary repatriation, non-formal schooling, skills training, apprenticeship-type projects, vocational training and distance education. With regard to adolescents, the report asserts that youth in the upper classes of the school system should be included in the rapid response phase of an emergency and recommends classes to maintain basic study skills, held at primary schools in the afternoon. It also states that UNHCR should support apprenticeships, mobile courses and "sandwich" courses, rather than costly vocational skills training centers; target vulnerable groups, such as disabled and female-headed households; and promote strategies that encourage the participation of girls and women. Finally, it presents guidelines for staff concerned with the management of scholarship programs and lists reporting requirements with respect to education statistics.

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**UNHCR (United Nations High Commissioner for Refugees). *Sexual Violence against Refugees: Guidelines on Prevention and Response*. Geneva: UNHCR, March 1995.**

This document examines when and how sexual violence can occur in the refugee setting, explores the nature of sexual violence and asserts that those most vulnerable to sexual violence include unaccompanied children and women, female heads of households and children in foster care or detention. The document examines the causes as well as the physical, psycho-

logical and social effects of sexual violence. It also highlights measures to prevent the occurrence of sexual violence and presents guidelines that promote more effective ways for concerned parties to respond to incidents of sexual violence, including concrete actions required to address the psychosocial needs of victims. Finally, the document reviews remedies under national and international law and emphasizes the need for education, training and information campaigns.

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**UNHCR (United Nations High Commissioner for Refugees).** *The State of The World's Refugees 1997-98 - A Humanitarian Agenda.* UNHCR, December 1997; <http://www.unhcr.ch/refworld/pub/state/97/ch3.htm>.

This UNHCR report examines the changing concepts of security and patterns of forced displacement and asserts that although there are fewer wars between states, the changing nature of war and communal conflict is driving more and more people from their homes. The report highlights the specific plight of internally displaced persons, whose numbers continue to rise, and explores national and international initiatives for their protection and assistance. It also looks at the refugee regime, refugee numbers, locations and characteristics; return and reintegration issues, including patterns and problems of return and the repatriation and the peace-building process; asylum patterns and trends; and the new dimensions of statelessness and citizenship. Finally, the report suggests a plan of action to counter the rise of forced displacement, including steps to eradicate poverty, promote human rights and democracy, strengthen peace-building operations in war-torn societies and ensure accountability.

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**UNHCR (United Nations High Commissioner for Refugees).** *The State of the World's Refugees: In Search of Solutions.* Oxford University Press, 1995.

This annual overview of the global situation of refugee and internally displaced persons explores the changing approaches to refugee and IDP problems regarding a number of concerns: protecting human rights, keeping the peace, promoting development and managing migration. The book includes a page on "Realizing the rights of younger refugees," which emphasizes the importance of keeping children and adolescents with their families and reuniting them if they have been separated. Although adolescents may be physically mature, it states, their intellectual and emotional maturity is still lacking and the process of identity creation is interrupted in refugees situations. Adolescent girls are particularly prone to sexual violence, exploitation and unwanted pregnancy, it reports. It also contends that adolescents may have the highest levels of fear and anxiety of any young group in refugee situations, and accordingly, should receive special care, support and protection.

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**UNHCR (High Commissioner for Refugees).** *UNHCR Manual.* UN: [intranet.hcnet.ch/intranet/manuals/guidance/ch4](http://intranet.hcnet.ch/intranet/manuals/guidance/ch4).

Section 2.2 and 2.3 of Chapter 4 of the UNHCR Manual pertain to refugee children. Section 2.2, entitled Refugee Children, contends that programs must address the needs of children because they are vulnerable, dependent and developing. It recommends age-specific requirements for refugee children as part of food and medical programs for the general refugee population. Moreover, it states that a reasonably accurate age/sex breakdown and differentiation between pre-school, school-age and adolescent children is fundamental in planning education programs, health services and food and nutrition assistance. Section 2.3, entitled Refugees with Special Needs, also deals with adolescents, as those with special needs include unaccompanied children, disabled children, single parent families, victims of violence and torture, or refugees with HIV/AIDS. This section states that all of these groups need special care and advocates for their participation in creating appropriate solutions.

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**UNHCR (United Nations High Commissioner for Refugees).** *UNHCR's Guidelines on Applicable Criteria and Standards relating to the Detention of Asylum Seekers.* UNHCR, February 1999; [www.unhcr.ch/issues/asylum/guidasyl.htm](http://www.unhcr.ch/issues/asylum/guidasyl.htm).

The problem of detention of asylum seekers prompted UNHCR to revise its 1996 Guidelines on Detention to bring them more into line with international jurisprudence and legal thinking. The revised guidelines discuss the scope of the guidelines, articulate the general principle that asylum-seekers should not be detained, and set forth exceptional grounds for detention, alternatives to detention and procedural safeguards. Guideline 6 articulates the principle that minors who are asylum seekers, including unaccompanied minors, should not be detained and article 8 asserts that adolescent girls are particularly at risk, and need special services, while detained. Guideline 6 also asserts that detention should be a last resort for children, and while detained (for the shortest period of time) children have the right to an education, recreation and play.

**UNHCR (United Nations High Commissioner for Refugees) Kigali. *Refugee Children: Rwanda-Burundi Emergency. Kigali: UNHCR, Regional Support Unit for Refugee Children, April 1, 1995.***

This document provides an update on the work of UNHCR's Regional Support Unit for Refugee Children, which contributes technical assistance and programming support to UNHCR Field Offices and their operational partners in Rwanda and Burundi. It looks at the protection and assistance needs of the estimated 100,000 unaccompanied Rwandan children, UNHCR's efforts to reunite them with their families and UNHCR's and UNICEF's support for family-based and community-based efforts on behalf of the children. Although formal education and vocational training are essential elements for youth reintegration and the development and rehabilitation of Rwandan society, the document argues that both are inadequate. It examines self-employment and vocational training programs in Mozambique and suggests that similar programs are necessary for Rwandan youth. Finally, the document reviews the Guidelines for Reunification and Voluntary Repatriation of Unaccompanied Refugee Children to Rwanda.

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**UNHCR (United Nations High Commissioner for Refugees), Executive Committee of the High Commissioner's Programme. *Update on Regional Developments in Africa. Executive Committee of the High Commissioner's Programme, EC/46/SC/CRP.35, May 31, 1996; www.unhcr.ch/refworld/unhcr/excom/standcom/1996/35.htm.***

This report provides an update on UNHCR programs in Eastern and Southern Africa, Western and Central Africa and the Great Lakes region for Rwandan and Burundian refugees. Each country program is reviewed in terms of the beneficiaries, recent developments and objectives, implementing partner/arrangements, budget, post situation, implementation of policy priorities and oversight reports. The majority of programs described target women and young children for special projects, such as income-generation for women and primary education for children. However, the report does mention a number of adolescent-specific projects, including campaigns to increase girls' access to education and distribute "Peace Packs" for refugee children in Uganda; a series of workshops on family life education in response to a high rate of STDs and teenage pregnancy in the Buduburam camp in Ghana; and trauma counseling and public health education on STDs and HIV/AIDS for victims of sexual violence, secondary education, income-generation, vocational training and a program for unaccompanied minors in Liberia.

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**UNICEF (United Nations Children's Fund). *Children and Women in Emergencies: Strategic Priorities and Operational Concerns for UNICEF. Economic and Social Council E/ICEF/1997/7, November 11, 1996.***

This report presents an overview of UNICEF's progress towards clarifying its roles and responsibilities in emergencies and effectively carrying out its mandate as an advocate for children and women. UNICEF's emergency action on behalf of children is situation-specific and has four major elements: advocacy, assessment, care and the protection of vulnerable children and women from intentional harm. The UNICEF definition of an emergency includes those affected by armed conflict, and the report highlights the special protection needs of girls, who are vulnerable to sexual violence and exploitation; child soldiers; and children vulnerable to psychological and social harm. The report also examines UNICEF's developmental approach to protecting and assisting children in armed conflict situations and explores ways to improve institutional management, human resource capacities, accountability and transparency in emergency situations.

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**UNICEF (United Nations Children's Fund). *Children in Armed Conflict. UNICEF Staff Working Papers, Evaluation Policy and Planning Series, Number EPP-99-001, 1999.***

This notebook states that with the 10th anniversary of the Convention on the Rights of the Child (CRC), UNICEF is working to raise awareness about children's rights and to support governments in implementing the CRC. Toward this end, the notebook is a compilation of international standards relevant to children in armed conflict, in the form of, among other things, international conventions; UN and UN agency resolutions, guidelines and recommendations; and declarations from international conferences.

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**UNICEF (United Nations Children's Fund). *Children on the Frontline in Sierra Leone. UNICEF CF/DOC/PR/1997-22, 1997; gopher://gopher.unicef.org:70/00/.cefdata/.pressrelease97/pr9722.***

This press release reports that since May 1997, when the Armed Forces Revolutionary Council took power in a coup, armed children have been sighted in Freetown, the capital of Sierra Leone. It states that many of the armed children are former child soldiers, who had returned to their communities during a country-wide demobilization program in 1993.

However, they have been re-recruited and armed. Indeed, of the 1,000 fighters recently screened by the Disarmament, Demobilization and Resettlement Unit set up by the ousted government, more than 60 percent were women and children. The article also reports that children are being neglected due to the collapse of basic services, girls have been raped and sexually abused, schools are closed and the number of unaccompanied children is on the rise.

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**UNICEF (United Nations Children's Fund). *Children Worst Affected in Sierra Leone's Continuing Crisis*. UNICEF PR/GVA/95/36, September 19, 1995; [gopher://hqfaus01.unicef.org:70/00/cefddata/prgva95/prgva36](http://hqfaus01.unicef.org:70/00/cefddata/prgva95/prgva36).**

This press release reports that due to the conflict in Sierra Leone, the condition of children in Kenema, Bo and other areas in the eastern and southern provinces of Sierra Leone is rapidly deteriorating. It describes a dramatic increase in the number of street children in Sierra Leone as well as an extremely high rate of malnutrition and mortality among displaced persons, especially children and women. It also states that UNICEF has provided "school in a box" kits for 28,000 children between the ages of six and 14, but it does not mention any educational initiatives for older adolescents.

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**UNICEF (United Nations Children's Fund). *Education in Emergencies*. UNICEF, April 1996.**

This UNICEF booklet asserts that education in emergencies is a basic right and an investment in the future as well as a development necessity. It looks at the proliferation of emergencies worldwide in the past decade, leaving children, girls and women particularly vulnerable, and asserts that education can play a critical role in providing hope and continuity, teaching survival skills, stabilizing displaced populations and helping to build a better future. For all of these reasons, the booklet states that UNICEF has made the provision of basic education to children an integral component of its emergency programming and interventions. It also lists the international standards pertaining to education and describes the UNICEF emergency education program for Operation Lifeline Sudan, School-in-a-Box in Rwanda, the school-based program for traumatized children in Croatia and peace education in Lebanon.

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**UNICEF (United Nations Children's Fund). *Education in Former Yugoslavia*. UNICEF PR/GVA/95/37, September 29, 1995; [gopher://hqfaus01.unicef.org:70/00/.cefddata/.prgva95/prgva37](http://hqfaus01.unicef.org:70/00/.cefddata/.prgva95/prgva37).**

This document examines the bleak condition of education and the lack of availability of psychological assistance for children who have been uprooted and traumatized by war, especially children of refugees and internally displaced persons, in Croatia, Bosnia and Herzegovina, the Federal Republic of Yugoslavia and the Former Yugoslav Republic of Macedonia. It describes UNICEF's efforts to aid these children through the procurement of school materials, revising textbooks, training teachers, developing peace education curricula, promoting active learning and conducting psychosocial programs. However, the majority of programs mentioned are for pre-school and primary school children, not adolescents. Indeed, the document notes a decreasing number of secondary students in some areas and complaints about increasing juvenile delinquency. Notable exceptions for adolescent education include UNICEF's support for Radio Zid, a radio program made by children that broadcasts music, discussions and educational programs for youth on such topics as mental health and mine awareness. It also notes that a similar radio program is being run in Mostar.

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**UNICEF (United Nations Children's Fund). *Give Us Credit*. UNICEF, 1997; [gopher://gopher.unicef.org:70/11/.s597booklets3](http://gopher.unicef.org:70/11/.s597booklets3).**

This UNICEF booklet discusses how access to loans and basic social services can enrich and empower people. It states that all microcredit schemes supported by UNICEF primarily target poor women, and that UNICEF advocates that basic social services and social communication be linked with microcredit schemes. The booklet asserts that when microcredit programs are combined with increased access to basic social services, there is a greater reduction of poverty, the health and nutrition of the borrowers' children improves and education enrollment increases. Finally, it examines how to sustain and support microcredit initiatives, which involve a combination of credit and savings, and reviews UNICEF's successful microcredit experiences in Bangladesh, Nepal, Vietnam, Cambodia, Egypt, India and Kenya.

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**UNICEF (United Nations Children's Fund). *A Human Rights Approach to UNICEF Programming for Children and Women: What it is, and Some Changes it Will Bring*. UNICEF CF/EXD/1998-004, April 1998.**

This document lays the foundation, as well as guidelines, for UNICEF's adoption of a human rights-based programming approach. It states that human rights have always been central to UNICEF's work, as both the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination Against

Women (CEDAW) underpin the organization's mission and mandate. The document explores the broader rights agenda and activities that a rights-based approach brings, including a new focus on the problems of adolescents. Among the issues examined in this document are the broad context for a basic understanding of needs and rights; general human rights and child rights principles; the general implications for programming and advocacy; and the specific implications for programming assessment, analysis, strategy development and actions.

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**UNICEF (United Nations Children's Fund). *Interregional Programming Workshop on Psychosocial Care and Protection*, UNICEF, 1998.**

This report documents the proceedings and accomplishments of the 1998 Interregional Programming Workshop on Psychosocial Care and Protection organized by UNICEF in Kenya. The participants exchanged information about programs and projects aimed at providing psychosocial care to children, including children and adolescents affected by armed conflict. Adolescents were singled out by the need to include their participation in projects benefiting the community. The group also identified areas for further program development and outlined a set of guiding principles for programming, including respect for values and culture, child participation and family and using a community-based approach.

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**UNICEF (United Nations Children's Fund). *The Progress of Nations 1998*. UNICEF 1998.**

*The Progress of Nations 1998* looks at children's civil rights, emphasizing the right to be registered at birth and hence to qualify for education, health and other social services. It also charts child immunization progress, focuses on the vulnerabilities of adolescents in developing countries and outlines the growing homelessness in the richest nations.

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**UNICEF (United Nations Children's Fund). *A Situational Analysis: Women and Children in the Republic of Croatia, 1995*. UNICEF, 1995.**

This situational analysis reveals that there is a striking difference in the social services and opportunities available to refugee and returnee children as compared to children who have not been affected by the war in Croatia. It states that children are the most vulnerable and least physically, intellectually and emotionally equipped to deal with the dislocation and trauma of war. Furthermore, the development of their identity has been disrupted, particularly those who have been orphaned, leading to an identity crisis. It documents the number of registered psychosis cases as having tripled among adolescents, while there is a lack of professionals to deal with these problems. The analysis reports that teenagers (ages 15-19) are becoming sexually active earlier, putting them at risk for STDs and unwanted pregnancies, and are in need of reproductive health care education and services. Adolescent refugees and IDPs are also being deprived of an education, without which they cannot enroll in high schools or universities. The analysis concludes that there is an urgent need for education, medical services, including psychological care and reproductive health services, and returnee programs for refugee and displaced children.

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**UNICEF (United Nations Children's Fund). *The Situation of Children and Women in Mozambique*. UNICEF, 1994.**

This situational analysis reviews the problems facing children and women in Mozambique within the context of a wide range of socio-economic issues. The report notes that thousands of children have been physically and mentally scarred by war-related violence and examines the challenges of protecting these children and ensuring their social reintegration, health care, education and emotional well-being. The report discusses the inadequacy of education for children, describing low adolescent transition rates between primary school and higher-level schools and curricula which provide few useful skills in a context where the economy offers no vision of a future worth studying and preparing for. The report also examines the existence of the 200,000 plus "Children in Especially Difficult Circumstances," who have been mentally and physically traumatized by war, abandoned, abused, exploited, infected with HIV/AIDS and discriminated against. In conclusion, the report offers recommendations for the future.

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**UNICEF (United Nations Children's Fund). *The State of the World's Children 1999: Education*. UNICEF, 1999.**

This book documents the international community's effort, and level of success, in achieving the goal of Education for All. The first chapter chronicles the right to education in a historical context; examines the education revolution and the

elements necessary for its success, such as gender sensitivity and providing a foundation for learning for life; and advocates investing in human rights and education as a means to achieving prosperity. The book specifically deals with the role of education in armed conflict situations, and it illustrates education's healing and rehabilitating force through the examples of the UNICEF-supported Education for Peace Project; the UNESCO, UNICEF and UNHCR Teaching Emergency Package, an early response to children's educational needs; and an educational project in Croatia that addresses children's psychosocial stress and promotes conflict resolution. The book also provides "panels," or excerpts, summarizing successful educational projects for children throughout the world and "spotlights" the status of education in the different regions of the world. Finally, the book contains economic and social statistics for the nations of the world, with a focus on children's well-being. However, most of the information and statistics in *The State of the World's Children 1999* pertain to young children, not adolescents.

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**UNICEF (United Nations Children's Fund).** *The State of the World's Children, 1996: Children in War.* UNICEF, 1996; [www.unicef.org/sowc96](http://www.unicef.org/sowc96).

This UNICEF report focuses on the plight of children affected by armed conflict. The report reviews the statistics of child victims of armed conflict and explores such topics as child soldiers, torture and rape, uprooted children, sanctions, the trauma of war, the legacy of landmines and the continuum of violence. Many of these issues affect adolescents in particular, and the report specifically addresses this with regard to war trauma. It states that adolescents are in many ways more vulnerable than younger children due to their understanding of events, and it discusses their particular symptoms of trauma. The report also looks at protection methods, including international standards relating to children and war, the possibilities for prevention, the power of information, children as zones of peace and war relief for children. It asserts that concern for children is a way to address today's conflicts, and as such, UNICEF sets out its Anti-War Agenda — a series of steps that will improve the well-being of children in armed conflict situations.

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**UNICEF (United Nations Children's Fund).** *The Toll of War: Facts and Figures, 1997.* UNICEF, 1997; [gopher://gopher.unicef.org:70/00/.cefddata/.facts97/facts](http://gopher://gopher.unicef.org:70/00/.cefddata/.facts97/facts).

This UNICEF fact sheet provides up-to-date statistics as to the estimated numbers of child victims of armed conflict, child soldiers, refugees and displaced children, war trauma and landmines. It states that during the past decade, armed conflict has led to the death of 2 million children, left 4.5 million disabled, 12 million homeless, more than 1 million orphaned or separated from their families and some 10 million psychologically traumatized. The sheet also provides brief information on UNICEF's programs on behalf of children affected by armed conflict, including UNICEF's effort to assist more than 100,000 unaccompanied children in the Great Lakes region of Africa.

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**UNICEF (United Nations Children's Fund).** *UNICEF 50th Anniversary (1946-1996): Fact Sheet on Achievements and Challenges.* UNICEF, 1996; [gopher://gopher.unicef.org:70/00/.cefddata/.anniv95/educat](http://gopher://gopher.unicef.org:70/00/.cefddata/.anniv95/educat).

This fact sheet documents the educational achievements of and challenges facing UNICEF on its 50th anniversary. It lists the gains in primary enrollment over the past 50 years and states that the gender gap in education has begun to narrow due to increased focus on education for girls in South Asia, sub-Saharan Africa and some countries in the Middle East and North Africa. The sheet provides a brief overview of educational successes: the World Conference on Education for All, held in Jomtien, Thailand in 1990; the Education for All Summit, also known as the Nine Most Populous Countries Summit, held in New Delhi in 1993; Education in Emergencies, which adapts ongoing educational programs to emergencies with the School-in-a-Box program; and new creative school projects such as the BRAC Non-formal Education Project, a community-based, non-formal school pioneered by the Bangladesh Rural Advancement Committee (BRAC), and the Escuela Nueva, an innovative Colombian model that is geared toward rural schools and multigrade teaching. The sheet also lists challenges by the year 2000, including universal access to basic education by at least 80 percent of primary school-age children; reduction of the adult illiteracy rate, with an emphasis on female literacy; reduction of drop-out rates; focus on education in Africa; and education for peace.

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**UNICEF (United Nations Children's Fund).** *UNICEF Action on Behalf of Children Affected by Armed Conflict.* UNICEF draft, January 1999.

This document explores the range of UNICEF activities supporting the implementation of recommendations contained in the Machel Study and its Ten Point Call for Urgent Action. It states that reducing the impact of armed conflict on children

and the prevention of family separation were made key priorities of UNICEF in the Medium-Term Plan 1998-2001. The document looks at UNICEF's support to the Special Representative of the Secretary-General for Children and Armed Conflict, its actions in helping to implement international standards that protect children affected by armed conflict, and its advocacy in promoting States accession to and implementation of international human rights instruments such as the CRC and CEDAW. It discusses UNICEF's rights-based training activities and publications. The report also provides case studies as examples of UNICEF's activities on behalf of monitoring and reporting violations of child rights; promoting physical and psycho-sociological recovery and social reintegration in the areas of health and nutrition; supporting psychosocial well-being and education; increasing commitment for refugee and internally displaced persons; demobilizing child soldiers; ending the scourge of landmines; preventing gender-based violence and sexual exploitation; protecting children from sanctions; and preventing conflict.

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**UNICEF (United Nations Children's Fund). *UNICEF Evacuates Unaccompanied Children from Mugunga Camp, Goma, Zaire.* UNICEF PR/GVA/95/32, August 23, 1995; [gopher://hqfaus01.unicef.org:70/00/.cefdata/.prgva95/prgva32](http://hqfaus01.unicef.org:70/00/.cefdata/.prgva95/prgva32).**

This press release describes the evacuation of 510 unaccompanied Rwandan children in centers in a sensitive area within the Mugunga Camp for refugees in Goma, Zaire. Evacuated by UNICEF, the children, aged between two and 16, were brought to a more secure location in Goma, away from the continuing trouble in the camp caused by the forced repatriation of Rwandan refugees. Along with other NGOs, UNICEF prepared the new sites to receive the children and will provide psychosocial training, care for traumatized children, vaccination and health programs and tracing and reunification efforts.

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**UNICEF (United Nations Children's Fund). *UNICEF Protects Rwandan Street Children in Bukavu.* UNICEF PR/GVA/95/33, August 24, 1995; [gopher://hqfaus01.unicef.org:70/00/.cefdata/.prgva95/prgva33](http://hqfaus01.unicef.org:70/00/.cefdata/.prgva95/prgva33).**

This report describes how 70 Rwandan refugee street children, who had run away from refugee camps in the area, were brought to centers for unaccompanied children in Bukavu, Zaire with the help of the Zairean Contingent for Security in Camps. It notes that 21 children were brought to Kabira center run by Save the Children Fund (UK), 27 to Nyamirangwe center run by Cooperazione Internazionale (COOPI), 11 to Bideka center run by the Belgian Red Cross and nine to Katana center run by the International Federation of Red Cross and Red Crescent Societies. The article states that UNICEF Executive Director Carol Bellamy welcomed this, as the Government of Zaire had previously repatriated refugees, including unaccompanied children.

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**UNICEF (United Nations Children's Fund). *UNICEF Study Reveals Severe Trauma Among Children in Afghanistan.* UNICEF CF/DOC/PR/1997-43, October 7, 1997; [gopher://gopher.unicef.org:70/00/.cefdata/.pressrelease97/pr9743](http://gopher.unicef.org:70/00/.cefdata/.pressrelease97/pr9743).**

This article states that a recent UNICEF study reveals that the majority of children in Kabul, the capital of Afghanistan, are experiencing serious traumatic stress. The results of the study, based on interviews with more than 300 children between the ages of eight and 18, indicate that between 1992 and 1996, 72 percent of children experienced the death of a family member, two-thirds saw dead bodies and nearly three-quarters said they do not expect to live to adulthood. The article quotes the author of the study, Dr. Leila Gupta, as stating that the children's trauma is chronic and asserting the need to help families, care givers and communities in order to help children. It outlines a UNICEF program to meet the psychosocial needs of Afghan children, in which UNICEF will train a core group of 15 local Afghan mental health workers who will help children cope with trauma. The mental health workers will also train other caregivers to work with children through artwork, writing, role playing and other activities. In addition, the article notes that UNICEF is writing a children's book and preparing radio messages for a BBC educational drama.

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**UNICEF (United Nations Children's Fund). *Voices of Youth.* UNICEF; [www.unicef.org/voy](http://www.unicef.org/voy).**

Voices of Youth, developed as part of UNICEF's 50th Anniversary celebration, enables and encourages youth to participate in an electronic discussion regarding children's rights issues and how to better protect those rights. The website contains three main sections: the Meeting Place, the Learning Place and the Teachers' Place. The Meeting Place allows youth to share their views on global children's rights issues, including children and war; discuss how such issues affect children worldwide; and take action in their own community. For example, the Children and War page provides a forum for youth to explore such things as children's drawings about war and images of children in war zones, read what others have written, give their opinion about the issue and discuss how they can take action on behalf of children's rights in war situations. The Learning Place provides a series of interactive global learning projects carried out by schools or groups, enabling young people around the world to work together on common activities. Finally, the Teachers' Place provides a

forum for teachers, trainers, educational planners, people who work in development agencies and young people to discuss educational projects in the field and the future use of electronic networks for such projects.

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**UNICEF (United Nations Children's Fund). *Women and Children in Somalia: A Situational Analysis*. UNICEF, 1987.**

This analysis examines the plight of refugee children in Somalia and notes that there is a generation within the camps who have known only refugee camp life. Although children are estimated to make up 60 percent of refugee camp populations, only a small number of adolescents have the opportunity of secondary education, and the possibility of vocational training and higher education is even more restricted. The analysis highlights the particular assistance, protection and economic livelihood needs of vulnerable groups in the refugee camps, including unaccompanied minors and unaccompanied young women.

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**UNICEF (United Nations Children's Fund). *Youth Health for a Change*. A UNICEF Notebook on Programming for Young People's Health and Development, 1997 edition.**

Due to the needs of the rapidly increasing number of UNICEF Regional and Country Offices who are involved with adolescent and youth programs, this notebook raises major issues for adolescent health and outlines a framework for programming to improve adolescent health and development. This notebook adopts 10-24 years of age as encompassing "young people," and asserts that within this group, young people affected by war and conflict are particularly vulnerable. It examines the concept of "adolescence" and emphasizes the link between health and development. It also explores five program elements for promoting young people's health and development — national planning and policies, youth health services and supplies, youth NGOs and community organizations, school health programs and mass communication — reviews lessons learned and recommends ways to make each program stronger. Annex 4 of the notebook provides a list of partners working on behalf of youth, and Annex 7 presents an inventory of UNICEF Youth Activities, revealing the dearth of programs for adolescents and youth in armed conflict situations.

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**UNICEF (United Nations Children's Fund) Executive Board. *Children in Especially Difficult Circumstances*. UNICEF Executive Board, Decision 6, 1990.**

This UNICEF Decision articulates the Executive Board's deep concern for children in situations of neglect, abandonment and exploitation, including refugee children, children in situations of armed conflict and disabled children and youth. It urges UNICEF Executive Director to ensure the application and development of research into efforts to protect and rehabilitate such children, as well as to mitigate and prevent the occurrence of these circumstances.

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**UNICEF (United Nations Children's Fund) Executive Board. *Children in Need of Special Protection Measures*. UNICEF Executive Board, Decision 27, 1996.**

This UNICEF Executive Board Decision endorses the perspective, policies and strategies in document E/ICEF/1996/14 regarding measures to protect children from exploitation, violence, abuse, abandonment and other forms of disadvantage. Among other things, it requests that the Executive Director of UNICEF mainstream the policies and strategies in all relevant UNICEF programs and develop preventive and protection programs for children. Finally, it emphasizes that these programs should be implemented within the framework of the Rights of the Child.

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**UNICEF (United Nations Children's Fund) Executive Board. *Drug Abuse Among Children*. UNICEF Executive Board, Decision 16, 1989.**

This UNICEF Executive Board Decision recognizes the serious concern of many governments at the appearance and growth of drug abuse among children, especially those in especially difficult circumstances and extreme poverty. The Board requests that the Executive Director give immediate attention to this problem, cooperate with interested Governments in assessing the causes and magnitude of the problems and help to implement programs for prevention. Towards this end, the Director may utilize health, education and welfare program resources in host countries targeted to minors in especially difficult conditions.

**UNICEF (United Nations Children's Fund) Executive Board. *Health Strategy for UNICEF*. UNICEF Executive Board, Decision 28, 1995.**

UNICEF Executive Board Decision 28 endorses a health strategy for UNICEF as a strategic framework for UNICEF health activities. Encompassing the health needs of children and adolescents, it emphasizes the need to implement the framework as quickly as possible.

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**UNICEF (United Nations Children's Fund) Executive Board. *Safe Motherhood*. UNICEF Executive Board, Decision 16, 1990.**

UNICEF Executive Board Decision 16 endorses the concept of safe motherhood as a means of achieving the goal of cutting the maternal deaths of 1990 in half by the year 2000. In support of national, regional and global safe motherhood efforts, it encourages UNICEF's cooperation with WHO, UNFPA, UNDP, the World Bank and other agencies and organizations.

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**UNICEF (United Nations Children's Fund) Executive Board. *Tobacco Smoking: Its Impact on Children and Women*. UNICEF Executive Board, Decision 19, 1989.**

On the recommendation of the Programme Committee, the Executive Board recommends that UNICEF should be more actively involved in the control of tobacco use programs in order to protect children, youth and the unborn child. It also encourages more preventive measures, including public education, school and maternal education and legislation to protect these groups and promote the creation of a non-use social attitude and norm.

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**UNICEF (United Nations Children's Fund) Executive Board. *UNICEF Strategies in Basic Education*. UNICEF Executive Board, Decision 21, 1995.**

This decision from UNICEF's Executive Board encourages UN agencies, national partners and external providers of assistance to focus on universal access to basic education for children through formal and non-formal approaches. It also recommends the promotion of "second chance" basic education for youth. It urges the UNICEF secretariat to put a greater emphasis on education programming for children in emergencies, expand education opportunities for children in difficult circumstances and target educational inequality between boys and girls.

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**UNICEF (United Nations Children's Fund), Office of Emergency Operations. *Humanitarian Principles Training: A Child Rights Protection Approach to Complex Emergencies*. UNICEF, Office of Emergency Operations and Division of Human Resources, March 1999.**

This training module, which presents a holistic approach to protecting children in complex emergencies, envisions child protection issues as rights rather than solely needs and advocates a child-rights approach to programming. It argues that, as children are vulnerable and likely to suffer the consequences of war and conflict, it is not only important to understand the principles on which child rights are based, but also to know how specific provisions embodied in the Convention on the Rights of the Child and other human rights and humanitarian law instruments are useful in armed conflict situations. The module looks at various child protection and assistance issues, including child soldiers and demobilization, displaced children, sexual exploitation and other gender-based violence, education in complex emergencies, and examines the rights that protect children from these harmful practices. The module emphasizes the importance of four principles of the Convention of the Rights of the Child: the best interest of the child (Article 3); non-discrimination (Article 2); the right to life, survival and development (Article 6); and the right to respect for the views of the child (Article 12). It also includes sample case studies of child rights violations in armed conflict situations for trainees to examine in relation to international law.

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**United Nations. *Plight of Civilians in Armed Conflict at Core of Security Council's Mandate, Canada's Foreign Minister Tells Council*. Security Council Press Release 6642, February 12, 1999; [www.un.org/News/Press/docs/1999/19990212.sc6642.html](http://www.un.org/News/Press/docs/1999/19990212.sc6642.html).**

This press release describes the open briefing of the United Nations Security Council on the subject of civilians in armed conflict. The President of ICRC, UNICEF's Executive Director and the Special Representative for Children and Armed Conflict addressed the Council about the plight of civilians in conflict zones, as did representatives from Slovenia, the United Kingdom, Russian Federation, Brazil, France, Netherlands, Argentina, Namibia, Malaysia, Bahrain, Gabon, the United States, Gambia and China. The speakers told the Council that armed conflict is increasingly involving youths,

refugees and internally displaced persons, and highlighted the plight of children with regard to physical abuse and injury, sexual exploitation and violence, trauma and child soldiers. Recommendations included children as zones of peace, wide implementation of the Ottawa (landmine) Treaty, the inclusion of children in peace treaties and peace-building, the abolishment of child soldiers and the elaboration of international instruments.

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**United Nations Fourth World Conference on Women. *Regional Youth Concerns*. United Nations, 1995; [gopher://gopher.un.org:70/00/conf/fwcw/pim/youth/regional.txt](http://gopher.un.org:70/00/conf/fwcw/pim/youth/regional.txt).**

This document provides an overview of the five regional youth consultations organized in preparation for the Fourth World Conference on Women. It states that youth, ages 15 to 24, constitute over 20 percent of the world's population, and 80 percent of these youth live in developing countries. Furthermore, about half of all HIV infections have occurred in the youth age group. Many of the recommendations that came out of the regional consultations dealt with youth affected by armed conflict. For example, youth in Africa highlighted the need to place special emphasis on youth who have lost family and had to resort to the informal sector due to armed conflict and AIDS. They also advocated promoting girls and young women in formal and non-formal education programs and developing and expanding reproductive health campaigns. European youth asserted the need to develop policies to integrate female refugee youth in productive employment and provide reproductive health education to youth. In West Asia, youth highlighted the need to provide economic support for women of all ages who have been affected by armed conflict and eliminate all hazardous war residuals, such as landmines.

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**United Nations Fourth World Conference on Women. *Report of the Fourth World Conference on Women*. United Nations, A/CONF.177/20, September 1995; [gopher.undp.org:70/00/unconfs/women/off/a-20.en](http://gopher.undp.org:70/00/unconfs/women/off/a-20.en), Beijing.**

The Report of the Fourth World Conference on Women includes resolutions adopted by the conference, the Beijing Declaration and Platform for Action (as well as reservations to and interpretative statements on these documents), the report of the Main Committee and messages from Heads of State or Government. The Beijing Declaration and Platform for Action, adopted unanimously at the Fourth World Conference on Women, 4-15 September 4-15, 1995, by representatives from 189 countries, reflect a new international commitment to the goals of equality, development and peace for girls and women worldwide. The Platform, divided into six chapters, identifies 12 "critical areas of concern," including poverty, education and training, health, violence against women, women and armed conflict, human rights and the girl-child. It defines strategic objectives and spells out actions to be taken over the next five years by Governments, the international community, nongovernmental organizations and the private sector for the removal of the existing obstacles. Among the many recommendations, the Platform advocates increasing the participation of women in conflict resolution at decision-making levels; recognizing the need to protect women living in situations of armed conflict or who have become refugees or displaced; and eliminating all forms of discrimination against the girl-child, including adolescent girls, particularly in the areas of education, skills development and training. The Platform is reinforced by the Beijing Declaration, which reaffirms the commitment of governments to eliminate discrimination against women and to remove all obstacles to equality.

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**United Nations Fourth World Conference on Women. *Youth Platform for Action*. United Nations, 1995; [gopher://gopher.un.org:70/00/conf/fwcw/pim/youth/youthpl.txt](http://gopher.un.org:70/00/conf/fwcw/pim/youth/youthpl.txt).**

The Youth Platform for Action, presented at the United Nations Fourth World Conference on Women in Beijing, China in 1995, addresses issues of education; poverty; unemployment; physical, sexual and psychological violence and against girls and women; and violence against girls and women in armed conflict situations, including rape, sexual slavery and forced pregnancy. The Platform notes the gap between young men's and young women's educational access, enrollment and achievement. Consequently, it recommends that the accessibility of education for female youth be improved; that special programs be developed for disadvantaged female youth, including refugee youth; and that education be based on the needs of youth. It suggests that non-formal education be used to educate youth about health and reproductive issues in a manner appropriate to their age and sensitive to the health issues of females. It also recommends that research be undertaken as to the impact of conflict on females of all ages and urges that victims be given sufficient resources for reintegration.

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**United Nations General Assembly. *Convention on the Rights of the Child*. G.A. res.44/25, annex, 44 U.N. GAOR Supp. (No. 49) at 167, United Nations Doc. A/44/49, December 5, 1989.**

This resolution articulates the United Nations General Assembly's concern for the protection of children's rights and its belief that an international convention on the rights of children would help to protect and ensure their well-being.

Consequently, the resolution adopts the Convention on the Rights of the Child and opens the convention for signature, ratification and accession. It also calls upon all Member States to consider signing and ratifying or acceding to the Convention and welcomes all UN agencies and organizations as well as intergovernmental and nongovernmental organizations to promote an understanding of the Convention.

The Convention on the Rights of the Child, adopted by the United Nations on November 20, 1989, is the most universally ratified international instrument. It calls for the protection of children's right to life, education, health and other fundamental needs, and its provisions apply equally in times of peace as in times of conflict. Four general principles underlie the Convention: non-discrimination (article 2), best interests of the child (article 3), the rights to life, survival and development (article 6) and respect for the views of the child (article 12). Article 38 deals specifically with armed conflict and states that parties must ensure respect for the rules of international humanitarian law applicable to children, establishes 15 as the minimum age at which states may recruit children into their armed forces, and asserts that parties to the Convention must take all measures to protect and care for children affected by armed conflict, tension and strife. Article 39 also deals with physical and psychological recovery and social reintegration.

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**United Nations General Assembly. *Protection of Children Affected by Armed Conflicts*. United Nations General Assembly, A/RES/48/157, December 20, 1993; [www.un.org/Refworld/docid/3d9d9d9d.html](http://www.un.org/Refworld/docid/3d9d9d9d.html).**

Due to the deterioration in the situation of children affected by armed conflict, this resolution of the United Nations General Assembly calls upon all States to respect the provisions of the Geneva Conventions, the Additional Protocols thereto and the Convention on the Rights of the Child. It calls upon all States, UN, intergovernmental and nongovernmental bodies and organizations to cooperate in order to ensure more effective protection of and assistance to war-affected children. It also requests that the Secretary-General appoint an expert to undertake a comprehensive study on children affected by armed conflict.

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**United Nations General Assembly, Executive Committee of the High Commissioner's Programme. *Overview of UNHCR Activities, Part III*. United Nations, A/AC.96/845/Part III, August 9, 1995; [www.unhcr.ch/refworld.unhcr/excom/reports/845p3.htm](http://www.unhcr.ch/refworld.unhcr/excom/reports/845p3.htm).**

This overview provides background information on UNHCR's humanitarian assistance policy, programs, administrative and financial matters from 1994-1996. Among the issues covered are demining, emergency preparedness and response, reintegration operations, refugee women and refugee children. Of the latter, the overview reports on the distribution of UNHCR's *Refugee Children: Guidelines on Protection and Care* and notes UNHCR's participation in, and support of, the *Study on the Impact of Armed Conflict on Children*. It discusses the 1995 creation of a Regional Support Unit for Refugee Children in Kigali in response to the Rwanda emergency. Refugee Health and Refugee Education programs are also examined, and in response to the latter, UNHCR's *Revised Guidelines for Educational Assistance to Refugees* are discussed.

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**United States Congress. *United States Congress House Resolution 4103*. Department of Defense Appropriations Action, 1999.**

This resolution, signed by the President on October 17, 1998, emphasizes that refugee and orphaned children are especially vulnerable to recruitment into an armed conflict. It states that the U.S. Congress deplores the global use of child soldiers, particularly by the Lord's Resistance Army (LRA) in northern Uganda, and supports their immediate demobilization. Furthermore, it urges the President and Secretary of State not to block efforts to establish 18 as the minimum age for participation in conflict through the Optional Protocol to the CRC.

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**Velis, Jean-Pierre. *Blazing the Trail: The Village Schools of Save the Children/USA in Mali*. UNESCO Education for All, Making it Work: 4 Innovations Series, 1994.**

This report documents the village schools of Save the Children/USA in Mali, which strive toward realizing the principle of primary education for all. Rather than being state supported or state run, these schools exist according to the will and efforts of the village community. The author details the impetus for the schools and describes the program: each school consists of two classes — one for 6- to 10- year-olds and one for 11- to 15- year-olds — with 30 students in each class. After finishing their class, the author notes, the 11- to 15-year-old students may become involved in local community activities. The report asserts that the schools have been successful, as there is very little absenteeism or dropping out, there is equality between the sexes and 87 percent of the students obtained passing grades.

**Velloso, Agustin. "Palaces for Children: Education in the refugee camps of the Sahrawi Arab Democratic Republic (SADR)." Oxford: *Refugee Participation Network newsletter 21*, April 1996.**

This article examines the priority given to education for children by the Saharawis, who live in refugee camps near Tindouf, Algeria. The refugee schools are called "palaces for children." However, the article notes that lack of school resources, such as text books, among the higher grades is a very serious problem.

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**VVAF (Vietnam Veterans of America Foundation). *Humanitarian Assistance*. VVAF, 1998; [www.vvaf.org/assistance/index.html](http://www.vvaf.org/assistance/index.html).**

The Humanitarian Assistance section of the Vietnam Veterans of America Foundation's (VVAF) website contains information on programs for landmine victims in Angola, Cambodia, El Salvador and Vietnam. It reviews the Angolan Community Rehabilitation Program, located in Luena, the capital of Moxico province, which includes a prosthetics workshop and physio-therapy unit for Angolan children and adults. It notes that the VVAF center makes artificial limbs and trains Angolans in the production process so they can become self-sufficient and asserts that a great number of those needing assistance are demobilized soldiers. The Humanitarian Assistance section also describes the VVAF supported organization, Promoter of the Organization of Disabled Persons of El Salvador (PODES), which provides job training and rehabilitation to children and adults disabled during the war in El Salvador.

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**Waszak, Cindy and Beverly Tucker. "The Reproductive Health Needs of Adolescent Refugees." Oxford: *Refugee Participation Network newsletter 20*, November 1995.**

This paper asserts that reproductive health care for adolescent refugees is limited. It considers two case studies of adolescent refugees in Thailand and concludes that although their reproductive health needs are diverse, health care for adolescents is lacking. If reproductive health care does exist, it is often devoted to pregnant women or women with young children. The dearth of adolescent care can have severe consequences, according to the authors, as the confusion created by a refugee situation may lead to instability in the sexual and reproductive development of teenagers. The paper advocates for an initial needs assessment of adolescents' health needs when designing programs and delivering services and recommends that programs and services take into account the cultural norms of the refugee community and involve adolescents in the programming.

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**Wessells, Michael G. *Assisting Angolan Children Impacted by War: Blending Western and Traditional Approaches to Healing*. [www.ecdgroup.com/cn/cn19case.html](http://www.ecdgroup.com/cn/cn19case.html).**

This paper examines the Christian Children's Fund's effort to heal the psychological scars of armed conflict on young people in Luanda through the use of a Mobile War Trauma Team (MWTT). The need for such an effort was realized after a worst-case scenario needs assessment of Angolan children living in orphanages in Luanda revealed that 94 percent had been directly exposed to military attacks, 65 percent had escaped death and 33 percent had suffered injuries from shelling or shooting. The author explores cultural context of "trauma" and asserts that the all-Angolan core team of the MWTT employed a culturally sensitive and collaborative approach by adapting Western methods to the Angolan context and using indigenous methods of healing while treating the children. The primary goal of the MWTT is to train adults to work with children in children's institutions, street centers and camps for displaced persons. The paper examines MWTT's holistic approach; describes the methods used in the training seminars for adults, which encouraged the use of blended Western and traditional approaches to healing the impacts of war; and assesses the effects of the training. The paper also describes the CCF Province-Based War Trauma Training Project, which began in 1995 and was in its initial phase when this paper was written. For this project, the work piloted by the MWTT in Luanda was expanded to include seven rural provinces that were heavily affected by war.

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**WHO (World Health Organization). *Reproductive Health Needs of Women and Girls Affected by the Violence in Rwanda*. WHO.**

This proposal includes background to the genocide, mass rape and other forms of sexual and gender violence that took place from 6 April to 12 July 1994 in Rwanda. Within the confines of a poor health system and a limited to non-existent reproductive health care system, the proposal outlines major changes in the pattern of reproductive health care that one would expect from such violence, including an increase in STDs and HIV/AIDS and the development of long-lasting and complex psychological effects on those raped. It discusses the particular psychosocial problems facing Rwandan women

and girls, describes their coping mechanisms and asserts that the status of a family's health is directly related to the existence of protective and supportive factors upon which it can draw. It then outlines a project proposal to support capacity-building in response to individual and community-wide trauma and promote the institutionalization of reproductive health care. The proposal lists specific objectives and activities for these long-term projects and suggests preconditions for effective interventions, including community-based participation and self-help efforts.

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**Women's Commission for Refugee Women and Children. *Cambodia Can't Wait*. Women's Commission for Refugee Women and Children, February 1993.**

This report of the Women's Commission's delegation to Cambodia in 1993 describes the emergency needs of people affected by conflict in Cambodia, including basic health care, education and services for victims of landmines. The report looks at the lack of educational opportunities for Cambodians, 47 percent of whom are under the age of 15 years. It reveals that this young population is largely illiterate, and due to their lack of access to education, children and youth have few opportunities to improve their lives. Although there are plans to rebuild primary schools, the report does not mention any such plans for secondary schools. Furthermore, the report discusses the need for specific programs to encourage girls to remain in school, particularly at the secondary level.

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**Women's Commission for Refugee Women and Children. *The Children's War Towards Peace in Sierra Leone: A Field Report Assessing the Protection and Assistance Needs of Sierra Leonean Children and Adolescents*. Women's Commission for Refugee Women and Children, 1997.**

The mission of the Women's Commission delegation was two-fold: to identify critical issues of concern for children and adolescents affected by armed conflict in Sierra Leone and to recommend solutions to address their needs. The delegation found too few programs for Sierra Leonean and Liberian refugee children and adolescents in Guinea as well as a severe under-representation of young refugee women in schools. The report explores the problem of pregnancy among single adolescent girls and examines the International Rescue Committee's programs to address this problem. The report highlights the fact that children and adolescents have been targets of as well as agents for violence and exploitation in Sierra Leone's armed conflict and identifies three groups that have been particularly adversely affected and whose needs were not being met: young boys working in mining camps, those in bush camps and unaccompanied adolescent girls. The report recommends that adolescents be supplied with the tools and opportunities for developing a stable and growth-oriented future, including education, survival and job skills and small credit programming.

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**Women's Commission for Refugee Women and Children. *Families at Risk: Fleeing the Nagorno-Karabakh Conflict*. Women's Commission for Refugee Women and Children, June 1994.**

This report provides a look at the diverse refugee sites that the Women's Commission delegation to Azerbaijan encountered. The delegation found that families fleeing the Nagorno-Karabakh conflict were in need of protection, health and nutrition, family planning, shelter and income-generating opportunities. The report cites a complete lack of education and organized learning activities for children. It reveals that primary and secondary school buildings are being used to house refugees and educational materials are scarce. Moreover, many young women in their late teens whose husbands had died or were at the front have infants to care for. The report recommends that income-generating projects be designed to include these young women, while making provisions for child care.

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**Women's Commission for Refugee Women and Children. *Guidelines on the Protection of Refugee Women: A Synopsis of the UNHCR Guidelines*. Women's Commission for Refugee Women and Children, September 1997.**

This synopsis identifies the central points of the UNHCR Guidelines for field workers assisting refugee women and girls. The document summarizes key areas of protection for girls and women, including physical protection; refugee camp/site layout; access to food, water and fuel; education and training; and health care. It also includes a checklist for field workers to use to ensure the effective protection of refugee women and girls.

**Women's Commission for Refugee Women and Children. *Mission to Malawi: Mission to Assess and Observe the Conditions of the Second Largest Refugee Population.* Women's Commission for Refugee Women and Children, August 1989.**

This report presents the findings and recommendations of a Women's Commission delegation that observed the conditions and needs of a population of 700,000 Mozambican refugees in Malawi, three quarters of whom are women and children. The report highlights the lack of health and medical care, adequate food and shelter and discusses the traumatizing effects of war on children, many of whom arrived unaccompanied and with accounts of extreme violence and intimidation. The report also describes the inadequacy of educational and recreational supplies, secondary education and income-generating activities. The delegation reports, for example, that while there are 55 primary schools set up, there are no secondary school services.

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**Women's Commission for Refugee Women and Children. *Recovering from 30 Years of War: Refugee Women and Children in Angola.* Women's Commission for Refugee Women and Children, 1996.**

This report documents the conditions facing women and children affected and displaced by war in Angola in 1996. The Women's Commission delegation found that a majority of international assistance focused on the demobilization of soldiers and their families, ignoring women's and children's needs despite the fact that they constitute a majority of the population. The report explores the problems of, and programs addressing, the demobilization and reintegration of child soldiers, street children and children separated from their families and concludes that there is a dearth of programs for adolescents who do not fall into these categories. Moreover, it states that internally displaced adolescents, one of the least aided yet most destitute of all of the war-affected in Angola, lack any form of educational and vocational training. The report concludes that while educational, vocational and literacy training for children and adolescent IDPs must be the highest priority in Angola, it must also be appropriate to the culture.

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**Women's Commission for Refugee Women and Children. *Refugee Women in Tanzania: Assessing the Implementation of the UNHCR Guidelines on the Protection of Refugee Women.* Women's Commission for Refugee Women and Children, June 1995.**

As stated in this report, approximately three-fourths of the more than half a million Rwandan and Burundian refugees in the Ngara and Kigoma districts of Tanzania are women and children. The Women's Commission delegation assessed the implementation of the UNHCR Guidelines on the Protection of Refugee Women in the camps within these districts and found that although most UNHCR staff were aware of the Guidelines, many NGO staff were not. Furthermore, refugee women and girls themselves knew nothing of the existence of the Guidelines. The report cites a lack of protection from sexual violence, inadequate demographic data for the Ngara refugee camps and insufficient data on HIV/AIDS in camps in both districts. Finally, the report presents a number of recommendations, based on UNHCR's Guidelines, to prevent sexual violence and gender discrimination.

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**Women's Commission for Refugee Women and Children. *Report by the Delegation of Women's Commission for Refugee Women and Children to Hong Kong.* Women's Commission for Refugee Women and Children, January 1990.**

This report describes the situation of Vietnamese children and women refugees and asylum-seekers in Hong Kong, many of whom are detained in closed camps. The report investigates the many protection and assistance problems of the 15,000 children under the age of 16 in detention (approximately 65 percent of the Vietnamese "boat people"), and highlights the fact that there are no policies ensuring the physical protection of unaccompanied minors. Furthermore, recreational activities for children are almost non-existent, and various impediments, such as lack of space and materials, prevent children from receiving an education. The report also notes that the general population of children and women have no access to health education, outreach, primary care or prevention. It concludes with various recommendations, including making education for children a high priority, and advocates that UNHCR appoint an officer with a mandate to ensure the assistance and protection of children.

**Women's Commission for Refugee Women and Children, IRC, International Catholic Child Bureau, Lutheran Immigration and Refugee Service, Save the Children/US. *On the Repatriation and Reintegration of Unaccompanied Refugee Children.* Women's Commission for Refugee Women and Children, November 1997.**

This report summarizes the activities and accomplishments of the second Bellagio conference, held in Italy in 1997. The conference focused on the care and assistance of separated and orphaned children during repatriation and reintegration and developed a series of recommendations for UN agencies (UNHCR and UNICEF), nongovernmental organizations, governments and the International Committee of the Red Cross. Among the recommendations are the need to establish guidelines and procedures to protect children's rights, create an independent watch group to monitor reintegration and establish systems for local and national coordination.

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**World Conference on Education for All. *The World Declaration on Education for All: Meeting Basic Learning Needs.* World Conference on Education for All, 1990.**

This Declaration is the result of the World Conference on Education for All (WCEFA), which was convened in Jomtien, Thailand by the World Bank, UNESCO, UNICEF and UNDP in 1990. The Declaration was adopted unanimously by the conference, which was called in response to concern over the deterioration of the condition of education systems in the 1980s. Article 3 of this declaration articulates the right of all children, youth and adults to equitable access to basic education, even those in the midst of war and civil conflict. Article 5 singles out literacy programs, skills training, apprenticeships and formal and non-formal education programs as necessary for youths.

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**World Conference on Human Rights. *Vienna Declaration and Programme of Action.* World Conference on Human Rights, U.N. Doc. A/CONF.157/24, 1993; [www1.umn.edu/humanrts/instree/11viedec.html](http://www1.umn.edu/humanrts/instree/11viedec.html).**

The World Conference on Human Rights, the first of its kind since the 1968 UN International Conference on Human Rights in Teheran, was held in Vienna from 14-25 June 1993. The particular plight of children affected by armed conflict is highlighted in articles 21, 29 and 50. The Declaration and Programme of Action urge that national and international mechanisms and programs be strengthened for the protection of vulnerable children, including children in armed conflict, exploited children, the girl-child and child victims of emergencies. They also call upon all parties involved in armed conflicts to observe international humanitarian law. Section 4 of the Vienna Declaration and Programme of Action deals entirely with the rights of the child. It calls for international cooperation in addressing the problems of children in especially difficult circumstances, advocates for measures to protect and assist children in war zones, emphasizes the need for rehabilitation of children traumatized by war and asserts strong support for a study of the means of improving the protection of children in armed conflicts. More generally, the Declaration and Programme of Action advocate for universal ratification of the CRC by 1995 and its effective implementation, contend that non-discrimination and the best interest of the child should guide all actions concerning children and urge that the views of children themselves be given due weight.

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**World Congress Against Commercial Sexual Exploitation of Children. *The Declaration and Agenda for Action,* August 1996; [www.childhub.ch/webpub/csehome/222e.htm](http://www.childhub.ch/webpub/csehome/222e.htm).**

The Declaration and Agenda for Action of the World Congress Against Commercial Sexual Exploitation of Children, adopted unanimously in August, 1996, commits the international community to eliminate the commercial sexual exploitation of children through the development of national policies and programs to combat all forms of such exploitation. The Declaration recognizes armed conflict as a factor contributing to sexual exploitation. Among many other things, it calls upon all States, national and international organizations and civil society to enhance the participation of children in preventing and eliminating the commercial sexual exploitation of children. The Agenda highlights existing international commitments, identifies priorities for action and calls for action from States, civil society and national, regional and international organizations. In particular, it calls for improved access and provisions of relevant health services, education, training and recreation to children vulnerable to exploitation, including refugees and the displaced; the promotion of the participation of children; full implementation of the CRC by State Parties; and the fostering of peer education programs, livelihood strategies and gender-sensitive policies and programs to assist children vulnerable to or affected by commercial sexual exploitation.

**World Summit for Children. *World Declaration on the Survival, Protection and Development of Children. Text agreed to at the World Summit for Children on 30 September 1990; [www.unicef.org/wsc/declare.htm](http://www.unicef.org/wsc/declare.htm).***

World leaders met at the United Nations on 29-30 September 1990 to attend the World Summit for Children. The Summit adopted a World Declaration on the Survival, Protection and Development of Children and a plan of Action for implementing the Declaration in the 1990s. The Declaration is a means to alleviate the suffering of children, including suffering caused by war and violence, and the participants committed their nations to acting in support of the rights of children, their survival, development and protection. It asserts that the Convention on the Rights of the Child is a means to universal children's rights and welfare, and it recognizes the need for increased attention, care and support to children in very difficult circumstances. The Declaration also highlights the special protection needs of refugee children, children affected by armed conflict and unaccompanied children and asserts the need for vocational training in the transition from childhood to adulthood.

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**World Vision. *Child-Headed Households in Rwanda: A Qualitative Needs Assessment. World Vision, 1998.***

World Vision undertook a needs assessment of children living in child-headed households (CHHs) and found that they are among the poorest in Rwanda. Furthermore, World Vision revealed that child heads of households lack protection, particularly girls; are usually exploited or taken advantage of by relatives and others in their community; and are marginalized via the allocation of resources. Through raising animals and learning skills such as carpentry and tailoring, child heads of households in some parts of the country are engaged in long-term development that is favorably perceived by communities and children in the CHHs themselves. However, most child heads of households lack skills needed to earn an adequate living, thus forcing them to engage in casual employment that often leads to exploitation or abuse. In sum, the needs of child heads of households in Rwanda, including education, shelter, food, health care and reliable sources of income, are not being met by existing support programs.

## SUMMARY OF INTERNATIONAL TREATIES TO PROTECT CHILDREN IN ARMED CONFLICT

In the past decade, two million children have been killed in armed conflict. Three times as many have been seriously injured or permanently disabled. Armed conflict kills and maims more children than soldiers. Civilian fatalities in wartime have climbed from 5 percent at the turn of the century to more than 90 percent in the wars of the 1990's. Refugees from armed conflicts worldwide increased from 2.4 million in 1974 to more than 27.4 million in 1996, with another 30 million people displaced within their own countries. Children and women make up an estimated 80 percent of displaced populations.\*

Children are affected by war in many ways, but one of the most alarming trends is their participation as soldiers. This has been made easier by the proliferation of small arms and light weapons. Assault rifles are cheap and widely available due to both the legal and illegal international arms trade. A series of case studies prepared for the Graça Machel study on the *Impact of Armed Conflict on Children* indicates that government or rebel armies have recruited tens of thousands of children. Boys serve as porters, messengers and combatants. Girls may also serve as combatants or prepare food and attend to the wounded. In addition, they may be forced to provide sexual services or be "married off" to other soldiers. Among the most severe violations of human rights that many children — especially adolescent girls — experience during armed conflicts are rape, prostitution and other forms of sexual violence and exploitation.

Children remain susceptible to the physical dangers, as well as to the lasting psychological and social effects of war, once a conflict has ended. Children are vulnerable to physical danger from millions of existing landmines and unexploded ordnance. Children must also cope with the trauma of loss — of their family members, schools, neighborhoods and communities. In addition, millions of children have been forced to witness or even take part in horrifying acts of violence. One UNICEF survey in Rwanda found that nearly 80 percent of the children had lost immediate family members and more than one-third of these had actually witnessed their murder.

Children have become targets, not incidental casualties, of armed conflict. War violates every right of a child — the right to life, the right to be with family and community, the right to health and education, the right to the development of the personality and the right to be nurtured and protected. It is a basic need of children to be protected and cared for when conflicts threaten, and the implementation of international human rights and humanitarian law addresses these needs. A number of international treaties exist to provide for the legal protection and care of children. Too often these treaties are ignored, and the world community must do everything possible to see that these treaties are complied with in all areas of the world.

*\*All statistical information is taken from the Graça Machel Study the Impact of Armed Conflict on Children, presented in a special session to the General Assembly of the UN (A/51/306) 8/26/96.*

With the enactment of the Hague Conventions (1899-1907), laws governing war on land were better defined with respect to both civilians and soldiers. After the atrocities of the Second World War, the international community further developed treaties that specifically protected civilians. Two treaties now exist, which *explicitly* provide for the protection of children in times of war.

**1) The Geneva Conventions** provide various protections to civilians, but *Geneva Convention IV* (1949) is specifically designed to protect children and civilians in times of war. *Additional Protocols I and II* (1977) provide children with special protection and, for the first time, deal with their participation in hostilities. Most of *Geneva Convention IV* and *Additional Protocol I* apply during international armed conflicts. *Common Article 3* to the *Geneva Conventions*, and *Additional Protocol II* apply during non-international armed conflicts.

**2) The Convention on the Rights of the Child** was adopted by the UN General Assembly in November 1989, and entered into force in 1990. This Convention brings together existing international law and new standards for issues not previously addressed. The *CRC* is applicable at all times, and some of its articles specifically protect child victims of war. Most countries have ratified this treaty, which is the most widely and swiftly ratified treaty in history.

A recent addition to these two international instruments is the treaty to eliminate landmines, which was adopted in September 1997, in Ottawa, Canada. The *Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on Their Destruction*, was entered into force in 1999. While the body of this document does not address children specifically, this international treaty is meant to especially protect children from the suffering inflicted by these indiscriminate weapons of destruction.

*The NGO Committee on UNICEF's Sub-working Group on Children in Armed Conflict has compiled this document to provide a concise summary of key international legal instruments. It is not a comprehensive review of existing international treaties. For complete details please consult the instruments directly.*

These Key International Legal Instruments as they apply to the protection and care of children in armed conflict are summarized below. A list of related international treaties that also protect children is provided on page 148.

### Key International Legal Instruments:

- *The Geneva Convention IV (GC IV)*
- *Protocol I Additional to the Geneva Conventions (PI)*
- *Protocol II Additional to the Geneva Conventions (P2)*
- *The UN Convention on the Rights of the Child (CRC)*
- *Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on Their Destruction [Ottawa Treaty] (OT)*

Article 1 of the CRC identifies a “child” as “every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier.” Thus children and adolescents are covered by the CRC.

### Life/Survival

#### Direct Threats

- The child has a right to protection from all violence to life and person. (*GC IV, Art.3a*) see also (*GC IV, Art.27*)
- The death penalty may not be pronounced against a person who was under eighteen years of age at the time of the offense. (*CRC, Art.37; GC IV, Art.68*) see also (*PI, Art.77(5); P2, Art.6(4)*)
- Pregnant women and mothers with infants who are arrested detained or interned shall have their cases rapidly processed and death penalty should be avoided. (*PI, Art.76 (2&3)*) see also (*P2, Art.6(4)*)
- It is prohibited to order that there shall be no survivors. (*PI, Art.40*)
- Civilians are entitled to general protection against the dangers from military operation. They shall not be the object of indiscriminate attack, acts or threats of violence. (*PI, Art.51*) see also (*P2, Art.13*)
- States are obligated never under any circumstances to use anti-personnel mines. (*OT, Art. 1*)
- Capable States shall provide assistance for mine clearance, and in determining mine awareness activities to reduce the incidence of mine-related injuries or deaths. (*OT, Art. 6(4&7)*)

#### Access to Essential Services

- In providing for children’s rights, the State is obligated to ensure the survival and development of the child. (*CRC, Art.6*)
- Starvation of civilians is prohibited. It is prohibited to attack, destroy, remove or tender useless foodstuffs, agricultural areas for the production of foodstuffs, crops, livestock, drinking water installations and supplies and irrigation works, etc. (*P2, Art.14*) see also (*P2, Art.17; PI, Art. 52*)

### Torture/Rape/Sexual Exploitation/ Physical & Mental Abuse

- The child’s right to protection from sexual exploitation and abuse, including prostitution and involvement in pornography. (*CRC, Art.34*) see also (*CRC, Art.32&37*)

- Civilians are entitled to respect for their persons, their honor, their family rights, their religious convictions and practices, and their manners and customs. They shall be humanely treated and shall be protected against all acts of violence or threats thereof and against insults and public curiosity. (*GC IV, Art.27*) see also (*GC IV, Art.3c*)
- Children shall be the object of special respect and shall be protected against any form of indecent assault. The Parties to the conflict shall provide them with the care and aid they require, whether because of their age or for any other reason. (*PI, Art.77 (1)*) see also (*P2, Art.4(3)*)
- All non-combatants are protected against: Violence to life, health and physical or mental well-being, in particular murder as well as cruel treatment such as torture, mutilation or any form of corporal punishment; collective punishments; taking of hostages; acts of terrorism; outrages upon personal dignity; slavery and the slave trade in all their forms; pillage; threats to commit any of the foregoing acts. (*P2, Art.4(2)*) see also (*PI, Art.75*)

### Disappearances/Unaccompanied Children/Family Reunification

- The legal right to preserve or re-establish the child’s identity (name, nationality and family ties). (*CRC, Art.8*)
- The right to live with parents unless this is deemed incompatible with the child’s best interests; the right to maintain contact with both parents; the State to provide information to relevant family members or designated guardian, when children are separated due to State action. (*CRC, Art.9*)
- The right to leave or enter any country and to maintain contact with both parents. (*CRC, Art.10*)
- The State to prevent the abduction, sale and trafficking of children. (*CRC, Art.35*) see also (*CRC, Art.11*)
- The parties to the conflict shall endeavor to ensure that children who have been separated from their families are not left to their own resources, and to arrange for all children under twelve who have been moved to a neutral country to be identified by the wearing of identity discs, or by some other means. (*GC IV, Art.24*)
- When evacuation of children to a foreign country is

deemed necessary, the following standards must be applied:

- Each Party to the conflict may only evacuate its own nationals except for temporary evacuation by another party when the children's health, or their safety in occupied territories, so requires;
- It will be conducted under the supervision of the Protecting Power in agreement with the Parties concerned;
- The parents or guardians must provide written consent;
- The child's education, including religious and moral education, shall be provided.

With a view to facilitating family reunification following an evacuation, a photograph and a card with the following specific information should be filed and sent to the Central Tracing Agency of the International Committee of the Red Cross: names; sex; place and date of birth; full names of both parents, including mother's maiden name; next of kin; nationality; language(s) spoken; family address; child's identification number; health; blood group; distinguishing features; date and place child was found; religion; present address in country; and in the case of the child's death before return, the date, place and circumstances of death, including internment. (*PI, Art. 78(3)*) see also (*GC IV, Art. 25&26, PI, Art. 74; PI, Art. 78*)

### Children in Detention

- The right of the child to be protected from: torture or other cruel, inhuman or degrading treatment; capital punishment or life imprisonment; and unlawful or arbitrary deprivation of liberty. (*CRC, Art. 37*) see also (*CRC, Art. 40*)
- The taking of hostages is prohibited. (*GC IV, Art. 3(b)*) see also (*PI, Art. 75; P2, Art. 4; GC IV, Art. 34*)
- The passing of sentences and the carrying out of executions without judgement pronounced by a regularly constituted court, affording all judicial guarantees is prohibited. (*GC IV, Art. 3(d)*) see also (*PI, Art. 75; P2, Art. 6*)
- If arrested, detained or interned, children shall be in quarters separate from the quarters of adults, except where families are accommodated as family units. (*PI, Art. 77(4)*) see also (*GC IV, Art. 82*)
- Every child deprived of liberty shall be separated from adults and have the right to maintain contact with his/her family. (*CRC, Art. 47*)

### Children Associated with the Armed Forces

#### Prevention

- The State to respect International Humanitarian Law, ensure that no child under 15 takes a direct part in hostilities, refrain from recruiting any child under 15 into the armed forces and ensure that all children affected by armed conflict benefit from protection and care. In

recruiting among children between the ages of 15 and 18 years, States shall give priority to those who are oldest. (*CRC, Art. 38*) see also (*PI, Art. 77; P2, Art. 4(3c)*)

- Some states have established a minimum age which is above 15 years, for recruitment. The standards contained in this Convention are not to supersede higher standards contained in national law or other international instruments in force for the State. (*CRC, Art. 41*)

#### Demobilization/Reintegration

- The State to promote the physical and psychological recovery and social reintegration of child victims of abuse, neglect, exploitation, torture or armed conflicts in an environment which fosters the health, self-respect and dignity of the child. (*CRC, Art. 39*)

### Forced Labor

- Children have the right to be protected from economic exploitation and from engaging in work that constitutes a threat to health, education and development. The State to set minimum ages for employment, regulate conditions of employment and provide sanctions for effective control. (*CRC, Art. 32*) see also "*Torture/Rape/Sexual Exploitation/Physical and Mental Abuse*" and "*Children Associated with the Armed Forces*"

### Disabled

- The right of disabled children to special care and training designed to help achieve self-reliance and a full and decent life in society. (*CRC, Art. 23*)
- Capable States to provide for the care and rehabilitation, and the social and economic reintegration of mine victims. (*OT, Art. 6(3)*)

### Refugees and Displaced Persons

- The State to ensure protection and assistance to children who are refugees or are seeking refugee status, and to cooperate with competent organizations providing such protection and assistance. (*CRC, Art. 22*) see also (*CRC, Art. 10; GC IV, Art. 44; PI, Art. 73*)
- Parties to the conflict shall facilitate the care of displaced children in a neutral country for the conflict, under safeguards, with the consent of the Protecting Power. (*GC IV, Art. 24*)
- The displacement of the civilian population shall not be ordered for reasons related to the conflict unless the security of the civilians is involved or imperative military reasons so demand. Should such displacements have to be carried out, all possible measures shall be taken in order that the civilian population may be received under satisfactory conditions of shelter, hygiene, health, safety and nutrition. (*P2, Art. 17(1)*)

## Basic Services

### Education

- The right of all children to free primary education. (*CRC, Art.28*)
- The Parties to the conflict shall take necessary measures to ensure that children under fifteen, who are orphaned or are separated from their families as a result of the war, are not left to their own resources, and that their maintenance, the exercise of their religion and their education are facilitated in all circumstances. Their education shall, as far as possible, be entrusted to persons of a similar cultural tradition. (*GC IV, Art.24*)
- Parties to the conflict shall encourage intellectual, educational and recreational pursuits, sports and games. Special playgrounds shall be reserved for children. (*GC IV, Art.94*) see also (*GC IV, Art.50; P2, Art.4(3a)*)

### Health

- The parties to the conflict shall establish hospitals and safety zones and localities, organized as to protect mothers and children, elderly, sick and wounded, from war, including their protected and safe removal from besieged areas; particular attention should be given to expectant mothers and nursing mothers. (*GC IV, Art 14,16,17,18,20&21*)

- Parties to the conflict shall allow the free passage of all consignments of medical and hospital stores and tonics intended for children under fifteen, expectant mothers and maternity cases, and nursing mothers. Their physical or mental health and integrity shall not be endangered by any unjustified act or omission. (*GC IV, Art.23 & 55*) (*P2, Art.5(2e)*)
- The right to the highest attainable standard of health and access to medical services; the obligations of the State to attempt to diminish infant and child mortality, combat disease and malnutrition, ensure health care for expectant mothers, provide access to health education, develop preventive health care and abolish harmful traditional practices. (*CRC, Art.24*) see also (*CRC, Art.27*)

## Targeted Populations/Genocide

- Rights in the convention to apply to all children without exception; the State to protect children from any form of discrimination or punishment based on the child's race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, or any other status. (*CRC, Art.2*) see also (*CRC, Art.30*)
- Obligation to respect person's honor, convictions and religious practices. They shall in all circumstances be treated humanely, without any adverse distinction. (*P2, Art.4(1&2)*) see also (*GC IV, Art.27*)

*Additional treaties: Universal Declaration of Human Rights (1948); Convention on the Prevention and Punishment of the Crime of Genocide (1948); Convention Relating to the Status of Refugees (1951) and its Protocol (1967); International Covenant on Civil and Political Rights (1966); International Covenant on Economic, Social and Cultural Rights (1966); and the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984).*

### **International Treaties and Children in Armed Conflict — Documents & Reporting:**

A Committee on the Rights of the Child was elected to review States Parties' reports about how they are implementing the CRC within their own country (see *CRC, Art. 43*). The Committee welcomes information, and may be contacted through the OHCHR. The international NGO community also reports to the Committee, providing input on their experience and knowledge of rights violations committed against children. International and local NGOs are important contacts for sharing information on rights abuses against children.

Copies of *Refugee Children: Guidelines on Protection and*

*Care* (1994) can be obtained from UNHCR.

Copies of the *Convention on the Rights of the Child* can be obtained through UNICEF or other UN offices throughout the world.

Copies of the *Geneva Conventions and the Protocols* can be obtained through the International Committee of the Red Cross, 19 Avenue de la Paix, CH-1202 Geneva, Switzerland or national Red Cross and Red Crescent Societies throughout the world. The Red Cross is the international NGO that monitors the Geneva Conventions and the Additional Protocols.

#### **For more information contact:**

**Office of the High Commissioner for Human Rights**  
OHCHR-UNOG  
CH 1211 Geneva 10,  
Switzerland  
Tel: (41 22) 917-9000  
e-mail: webadmin.hchr@unog.ch  
Internet: <http://www.unhchr.ch>

**UN High Commissioner for Refugees**  
Case Postale 2500  
CH-1211 Geneva 2 Dépôt,  
Switzerland  
Tel.: (41 22) 739-8111  
Fax: (41 22) 739-7326  
Protection & Legal Issues  
e-mail: [hqpr00@unhcr.ch](mailto:hqpr00@unhcr.ch)  
Internet: <http://www.unhcr.ch>

**United Nations Children's Fund**  
UNICEF House  
3 United Nations Plaza  
New York, New York 10017  
USA  
Tel: (212) 326-7000  
Fax: (212) 887-7465  
Internet: <http://www.unicef.org>

**Office of the Special Representative of the Secretary-General for Children and Armed Conflict**  
United Nations, Room S-3161  
New York, NY 10017  
Tel: (212) 963-3178  
Fax: (212) 963-0807

# Protecting the Rights of Children

## A Guide to the Protection and Care of Children in Armed Conflict

The objectives of this guide are both to provide assistance in documenting and monitoring violations of children's rights, and to stimulate ideas for concrete actions aimed at ensuring that the rights of children are complied with as specified in the relevant treaties. These are suggestions, only, that point to relevant areas of concern. They are in no way exhaustive, nor are they necessarily applicable to every situation. Any assessment and consequent efforts to protect and care for children in situations of armed conflict will have to be tailored to specific situations.

Whenever possible, secure the support and permission of your organization to distribute this information, and work with the affected community and other concerned

parties in an effort to develop protection and care measures, including reporting and monitoring. Families may be unable, or afraid to report deliberate targeting and abuse of children. However, women's groups, local leaders, religious leaders, teachers or health workers may well know the situation regarding rights violations through daily contacts with families. These issues should be routinely raised with these *key community people*. If possible, establish regular meetings, including UN agency staff, with a follow-up evaluation and proposed plan of action. Keep in mind that the source of sensitive information given in confidence must be respected at all times. In some situations, breaching that confidence may endanger people's lives.

### GENERAL QUESTIONS to help measure the protection and care of children by concerned parties.

- Are copies of the International Treaties pertaining to children available to all concerned parties? Are refugee and displaced families being informed directly of their international human rights and specifically of the rights of their children?
- Are programs in place to ensure the education and training of all concerned with the protection and care of children, including culturally specific psychological and social rehabilitation?
- What is the course of action taken by displaced leaders, government officials, military personnel, warring or rebel parties, security personnel, other UN agencies and NGOs regarding special protection and care considerations for children?
- Are special accommodations or security arrangements needed for especially vulnerable groups of children or youths?

### KEY ASSESSMENT AREAS to aid in documenting abuses, with suggestions for possible actions.

THIS CHECKLIST ACCOMPANIES THE INTERNATIONAL TREATIES SUMMARY AND IS FORMATTED TO FOLLOW THE SAME TEN AREAS.

#### Life/Survival

##### Direct Threats

##### **Documenting/Monitoring**

- Have there been reports of children killed in attacks, being deliberately targeted or caught in crossfire?
- Have there been reports of children being abducted, disappearing or being injured by landmines?
- What measures has the community taken to monitor and report on these violations? Is this information systematically collected?

##### **Possible Action**

- Forward this information to appropriate agency: your supervisor, local NGO, local relevant UN agencies.
- Sensitize teachers on the need to monitor and report on cases where children are absent.
- Carry out mine awareness campaigns in the community and include the topic in school curricula.

##### Access to Essential Services

##### **Documenting/Monitoring**

- Are hospitals or schools targeted for military activity?
- Is access to life-sustaining services denied?
- Is the destruction of supplies needed for medical care and treatment taking place?
- Is access to basic supplies and services essential to survival (food, water) being denied or hindered?

##### **Possible Action**

- Forward this information to appropriate agency: your supervisor, local NGO, local relevant UN agencies.
- Meet with *key community people* to determine what effective steps might be taken.
- Advocate for the relevant bodies (UN, governments) to try to negotiate "corridors of peace" with warring parties to allow life-sustaining activities for children to take place.

## Torture/Rape/Sexual Exploitation/ Physical and Mental Abuse

### **Documenting/Monitoring**

- ☑ Are there categories of children (such as adolescents, or children in child-headed households) that are particularly vulnerable to sexual abuse or exploitation?
- ☑ Are there any reports of children being physically or mentally abused or exploited?
- ☑ Are avenues available for confidentially reporting abuses?

### **Possible Action**

- ☑ Meet with *key community people* to discuss possible avenues of confidentially reporting cases of abuse and determine what effective steps might be taken to prevent further abuse or exploitation. This may include maintaining community patrols or physically altering the landscape to provide better protection.
- ☑ Train community workers in responding to the needs of abused children. Train health workers in recognizing and referring cases of abuse.
- ☑ Advocate for the training of peace-keeping forces in protective measures, including distribution of the International Treaties Summary.

## Disappearances/Unaccompanied Children/ Family Reunification

### **Documenting/Monitoring**

- ☑ Has there been systematic identification of unaccompanied children? Is a tracing and reunification program in place?
- ☑ Is there a monitoring mechanism of children in families other than their own, or in children's centers?
- ☑ Are staff at medical facilities oriented to unaccompanied children's issues?

### **Possible Action**

- ☑ Obtain relevant guidelines on working with unaccompanied children (UNHCR/UNICEF Emergency Action Handbook).
- ☑ Sensitize *key community people* to these issues.
- ☑ Try to maintain separated children within families.
- ☑ Work with other concerned individuals to develop a comprehensive unaccompanied children program, including tracing and reunification.
- ☑ Ensure that medical facilities always take detailed addresses of adults who bring in children.

## Children in Detention

### **Documenting/Monitoring**

- ☑ Are there reports of any children being held in jails, prisons or long-term detention areas?
- ☑ Is anyone designated to visit prisons systematically to determine if children are being detained, and to monitor their living conditions and the status of their cases?

### **Possible Action**

- ☑ Meet with *key community people* to learn local practices and views on the detention of children.
- ☑ If no one is investigating this issue, contact relevant bodies (UN agency, local government, community leaders) and advocate for visits to places where children could possibly be held.
- ☑ If you have information that children are abusively detained under harmful conditions and no one is willing to visit, contact *Amnesty International* or other human rights groups through your organization.

## Children Associated With the Armed Forces

### Prevention

#### **Documenting/Monitoring**

- ☑ What is the legal age for recruitment into the armed forces?
- ☑ Are there reports of underage children being abducted or induced to join in armed conflict or military service?
- ☑ Are there significant numbers of idle children and adolescents at risk of being recruited?

#### **Possible Action**

- ☑ Discuss the issue with *key community people*.
- ☑ If recruitment is a problem, carry out information campaigns aimed at adolescents and parents.
- ☑ Where appropriate and feasible, appeal to the recruiting bodies to stop the practice, providing and discussing with them relevant international treaties.
- ☑ Ensure that a variety of programs are available to children and adolescents, including health and other clubs, skills training and other educational or recreational activities.
- ☑ Help establish a positive role for adolescents in the community, by including them in house-building for elders, assisting as teacher's aides and in organizing activities for younger children.

### Demobilization/Reintegration

#### **Documenting/Monitoring**

- ☑ What is the local community's view toward former child soldiers?
- ☑ Are efforts being made for community reintegration of former child soldiers?
- ☑ Are programs for non-formal education and skills training available for former child soldiers?
- ☑ Are programs providing psychological and social assistance available to former child soldiers?

#### **Possible Action**

- ☑ Ensure that the local community is included in efforts to reintegrate former child soldiers, before reintegration takes place.
- ☑ Set-up focus group meetings with elders, women's groups, youth groups and former child soldiers.

- ☑ Monitor the return to ensure that former child soldiers are in appropriate school/training programs.

### Forced Labor

#### *Documenting/Monitoring*

- ☑ What is the local minimum age for legal employment?
- ☑ Are there reports, or evidence of children being coerced into labor to work as porters, domestic servants or, in extreme circumstances, as sexual slaves or as forced military recruits?

#### *Possible Action*

- ☑ Ensure that all concerned parties are aware of the laws governing child labor.
- ☑ Identify the appropriate agencies for reporting abuses, and report incidences of violations.

### Disabled

#### *Documenting/Monitoring*

- ☑ Have the special needs of disabled children been determined?
- ☑ Are therapeutic and remedial services available to all disabled children?

#### *Possible Action*

- ☑ Work with health professionals to identify children with special needs.
- ☑ Work with health and education professionals to provide training programs and physical assistance (prosthetics), as well as social reintegration programs for disabled children and youths.

### Refugees and Displaced Persons

#### *Documenting/Monitoring*

- ☑ Are those responsible for the protection and care of refugee or displaced families aware of the rights of children? Are refugee or displaced families aware of children's rights?

#### *Possible Action*

- ☑ Conduct awareness raising meetings with *key community people* and other responsible parties (UN agency, government), and distribute relevant international treaty information.
- ☑ Urge responsible parties to follow established guidelines on protection and care of refugee and displaced children, to ensure the implementation of international treaties and guidelines.

### Basic Services

#### Education

#### *Documenting/Monitoring*

- ☑ Are schools or educational opportunities accessible to all children, regardless of their age or gender?
- ☑ Are teachers available with the skills to accommodate children with special needs?

#### *Possible Action*

- ☑ Meet with concerned parties in an effort to provide formal and non-formal educational opportunities for all children, with special attention to the needs of girls.

#### Health

#### *Documenting/Monitoring*

- ☑ Are appropriate health facilities available to all children, expectant mothers and nursing mothers?
- ☑ Is access to health education, including reproductive health, available to those who are responsible for the care of children and to the children themselves?

#### *Possible Action*

- ☑ If health facilities and care are not accessible, meet with the responsible parties to work toward making health services available.
- ☑ Work with other concerned parties to assist in establishing training for the community in health education.

### Targeted Populations/Genocide

#### *Documenting/Monitoring*

- ☑ Are there reports or evidence of threats to the personal security of children who might be targeted based on their race, sex, language, religion, nationality, ethnicity or any other status?

#### *Possible Action*

- ☑ Report any and all such threats to children related to special targeting to appropriate UN, international, state or local organizations.