

Adapting Survivor Assistance to the Needs of Child Survivors

The needs of child survivors of landmine and explosive remnants of war incidents differ significantly from those of adult survivors and must be considered when developing assistance programs.

by Ayda Eke [UNICEF]

Child survivors of landmine and explosive remnants of war (ERW) incidents have specific needs that differ considerably from those of adults and require special consideration in all areas of survivor assistance. Despite the international community's efforts, age- and gender-appropriate assistance for child survivors continues to be a key gap in survivor assistance. In a 2009 survey of more than 1,600 survivors from 25 countries, "some 44% of respondents said that services for children were 'never' or 'almost never' adapted to their age, a finding that should be accurate, as most respondents were young when they experienced their incident."¹

States Parties to the *Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on Their Destruction* (Anti-personnel Mine Ban Convention or APMBC) acknowledged in their 2004 Nairobi Action Plan that survivor assistance efforts must give emphasis to age and gender considerations.² These states reiterated this commitment in 2009 through the Cartagena Action Plan.³ Furthermore, the *Convention on Cluster Munitions* explicitly acknowledges the need to provide age- and gender-sensitive assistance and defines the parameters of victim assistance to include medical care, rehabilitation, psychological support, and social and economic inclusion.⁴ The *Convention on the Rights of Persons with Disabilities* (CRPD), which has been in effect since 2008, also addresses age and gender considerations by specifically recognizing the unique needs of children with disabilities, and women and girls with disabilities.⁵ While these acknowledgments apply only to States Parties to these conventions, they provide an indication of international concern for child survivors.

Medical Care and Rehabilitation

More than adults, children's smaller bodies are particularly susceptible to severe and life-threatening injuries from landmine/ERW blasts, which can cause severe burns, damage to limbs, injuries to the genital area and urinary tract,

blindness, hearing loss and death.⁶ One-third of all landmine survivors require amputation. While lack of data means the specific percentage of children who have had amputations is unknown, the proportion is likely higher given children's vulnerability to severe injury.⁷

Furthermore, a child's rehabilitation process is often more complex than an adult's. Due to secondary infection and the nature of their developing bodies, child survivors often need re-amputation and more frequent corrective surgery. They may require as many as 35 prostheses and modifications throughout their lifetimes.⁸ Age-specific survivor assistance requires policies and programs that reflect the frequency at which children require immediate and long-term specialized medical care, prostheses and other disability aids.

In Eritrea, mobile emergency medical response and mobile orthopedic workshops and services have been proposed as an effective means of outreach to remote areas, and to address challenges such as the financial and travel burden on families with limited resources. Unfortunately, lack of funding has inhibited the ability to implement such services to meet the needs of children and other survivors.

Psychological Support and Socioeconomic Inclusion

Psychological trauma in the immediate aftermath of an incident and long-term psychosocial distress can cause extreme emotional hardship for children. Injuries may impair children's emotional and cognitive functioning, and survivors may experience feelings of depression, anger, fear, guilt and worry. Adapting to a new body image and identity can be particularly challenging for adolescents.⁶

Psychosocial support services should address age- and gender-specific psychosocial reactions and distress factors. Discrimination, stigma, and social exclusion can exacerbate the psychosocial impact of injuries, becoming an additional source of distress for survivors with disabilities. As such, efforts on behalf of child survivors must include advocacy for



Eight-year-old Abbas with his sister in the Al-Mazrak displacement camp in Majah Governorate, Yemen. Abbas was blinded in one eye and wounded in the chest in a landmine blast that also killed his uncle.
Photo courtesy of UNICEF/NYHQ2010-2846/Brent Stirton.

policies and programs that seek to combat prejudice and discrimination. For children, this must include efforts to combat stigma and among caregivers, families, peers, communities and institutions (schools, service providers, etc.).

Providing information and support to child survivors and to those living and working with them is also critical. Families and communities are often limited in their ability to assist child survivors with their recovery. This gap can contribute to psychosocial distress and may further inhibit their recovery.

Returning to school is vital to the socioeconomic inclusion and psychosocial recovery of child survivors. Survivor assistance programs play an important role in promoting inclusion and access to education for children with disabilities. Education serves to reintegrate child survivors with peers, fosters a sense of normalcy and opportunity, and is the foundation of viable opportunities for livelihood and equal participation in their communities.

Survivors are often denied education because of issues ranging from transportation difficulties and inaccessible

classrooms to the additional burden of educational costs on families with considerable medical expenses.⁹ For older adolescents, vocational training and income-generation opportunities can be crucial to socioeconomic inclusion, and yet programs strengthening their economic standing seldom consider adolescent age and gender.

A 2011 report on the *Impact of Economic Strengthening Programs on Children* found that not only do these programs seldom benefit children, they may potentially cause harm and increase risks of school dropout, exploitation, gender-based violence and adverse child-labor practices. The study called on practitioners to incorporate “children’s protection and well-being into the assessment, design, implementation, monitoring and evaluation of economic strengthening programs,” which are equally important for the development of programs for the socioeconomic inclusion of all landmine/ERW survivors.¹⁰

Children with disabilities are disproportionately vulnerable to discrimination, abuse, exploitation, neglect and violence.¹¹ Linking child survivors with child-protection programs and



Monica and Luis, both 14, sit together during a weekend retreat for children with disabilities, outside Bogotá, Colombia (2004). Monica lost one foot when her younger cousin brought a grenade home. The grenade exploded, killing the cousin and injuring Monica. Luis was told he was born with one foot, but social workers suspect it was amputated following a war-related injury. Photo courtesy of UNICEF/NYHQ2004-0793/Donna DeCesare.

services helps to prevent and respond to these threats. While the protection sector addresses challenges to the protection of human rights more generally, child protection specifically focuses on efforts to prevent and respond to abuse, exploitation and neglect of children. The protection of child rights more generally is the responsibility of all actors implementing a human rights-based approach.

By and large, social support for vulnerable children is considered to be a broader protection intervention and not specific to child protection. Meanwhile, social work services and case management for vulnerable children, including referral to necessary services in various sectors, is a key area of child-protection programming. Recreational, cultural, social and arts-based activities, informal education, and life skills, including activities implemented through child-friendly spaces,

are considered psychosocial and community-based child-protection interventions. Linking survivor assistance with child protection services can ensure that assistance is age appropriate and can reduce the risks of violence, abuse and exploitation of children with disabilities, while also promoting their social inclusion.

Cross-cutting Considerations

In order to identify and respond to the needs of child survivors effectively, children must participate in all stages of the survivor assistance program cycle, from needs assessment to evaluation. Child-sensitive survivor assistance requires a life-cycle approach that considers the distinct physical, cognitive and emotional needs of children of different ages. Gender and social expectations of girls and boys must be considered and addressed. In certain contexts, girls are less likely than



Ahmed laughs at home in the village of Khan Arnaba, Syria. Ahmed was severely injured by a landmine in the village and recently lost the sight in both of his eyes.

Photo courtesy of UNICEF/NYHQ2006-0817/Shehzad Noorani.

boys to receive assistance as a result of gender discrimination, lack of service providers and other gender-related factors. Less visible disabilities, such as visual or hearing impairments, must also receive adequate attention.

Few countries affected by landmines and ERW have adequate health, rehabilitation, social welfare and other survivor assistance-related systems that can meet the gender- and age-specific needs of child survivors. A nondiscriminatory approach addresses the needs of all children with disabilities, requiring that assistance not distinguish between survivors of ERW

and those requiring services for other reasons (e.g., due to injury or disability from a traffic accident). Within this general framework, and that of the CRPD, long-term commitment, investment and capacity building are required for the mine action community to provide age- and gender-sensitive survivor assistance. ©

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