

Denial of Humanitarian
Access to Children:
A Guidance Note for the Children
and Armed Conflict Agenda



Office of the Special Representative of the Secretary-General for
CHILDREN AND ARMED CONFLICT

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for every child



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Acronyms and Abbreviations

CAAC	children and armed conflict
CTFMR	country task force on monitoring and reporting
DHA	denial of humanitarian access
DPPA	Department of Political and Peacebuilding Affairs
DPO	Department of Peace Operations
HDX	Humanitarian Data Exchange
JMAC	Joint Mission Analysis Center
JOC	Joint Operations Center
MARA	monitoring, analysis and reporting arrangements
MRM	Monitoring and Reporting Mechanism
OCHA	Office for the Coordination of Humanitarian Affairs
OSRSG CAAC	Office of the Special Representative of the Secretary General for Children and Armed Conflict
UNICEF	United Nations Children's Fund



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Preface by Virginia Gamba Special Representative of the Secretary-General for Children and Armed Conflict

In the context of armed conflicts and other situations of violence, denial of humanitarian access (DHA) may lead to a broad spectrum of human rights violations and abuses, often having the most drastic impact on children. DHA to children is one of the six grave violations the United Nations monitor through our Monitoring and Reporting Mechanism (MRM) on grave violations against children in situations of armed conflict.

Over the years, we have observed a steady increase in verified cases of denied humanitarian access and growing concerns regarding its effect on children. To address this urgent issue, we have collaboratively created this Guidance Note on DHA with the support of the Department of Political and Peacebuilding Affairs (DPPA), the Department of Peace Operations (DPO), the Office for the Coordination of Humanitarian Affairs (OCHA) and United Nations Children's Fund (UNICEF). We envision this document as a pragmatic, operational tool that clarifies a complex area of concern.





This Guidance Note is specifically designed to assist in interpreting and addressing this grave violation and encourages coordination with entities involved in humanitarian access negotiations. It provides a clear decision tree for monitors to verify instances of DHA and identify perpetrators, as mandated by the Security Council.

With its clear, actionable tips and examples, the Guidance Note promotes synergy in our efforts, encouraging consistent and coherent reporting on DHA. The document further aims at provoking critical inquiries, promoting proactive measures and supporting access initiatives. Through this document, we express our steadfast commitment to children's protection, driving our goal to create a safer world where children can be free from the harmful impact of conflict and violence.

Ms. Virginia Gamba

Special Representative of the
Secretary-General for Children and
Armed Conflict



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Introduction

Early in the children and armed conflict (CAAC) agenda, the DHA to children was identified as a critical issue affecting children in conflict areas and other situations of violence. Over the years, cases of the DHA, as reported through MRM, on grave violations against children in situations of armed conflict have been steadily on the rise. DHA is one of the six grave violations the United Nations is monitoring through the MRM as established by the Security Council resolution 1612 (2005). Between 2005 and 2024, more than 30,000 DHA incidents have been verified.

DHA, as defined within the CAAC agenda, and as specified in this document, does not exist in a vacuum but is informed by a comprehensive body of international legal norms and standards designed to protect the rights and well-being of children in times of conflict, including international humanitarian law and the Convention on the Rights of the Child.

This Guidance Note results from extensive consultations with field staff and partners involved in the MRM. This encompasses members of the Technical Reference Group: Office of the Special Representative of the Secretary-General for Children and Armed Conflict (OSRSG CAAC), UNICEF, DPPA and DPO along with OCHA as a subject-matter expert.

This document provides specific and practical guidance to field colleagues involved in MRM implementation. It helps identify incidents to be verified through the monitoring and reporting of DHA violations, including attribution as mandated by the Security Council.

The guidance is to ensure coherence and consistency in verifying and reporting on DHA within the CAAC agenda. It endeavours to devise a global approach that is applicable across all situations of concern on the CAAC agenda while concurrently recognizing and accommodating the specificities inherent to each unique context.

The Guidance Note also promotes the fostering of partnerships with crucial stakeholders. It provides strategies for engaging with, or supporting existing efforts, to ensure safe, timely and unimpeded access of humanitarian assistance to children.

This Guidance Note is intended to be read in conjunction with its companion piece “Denial of Humanitarian Access in the Context of the Children and Armed Conflict Agenda: A Background Note”, which provides a comprehensive understanding of humanitarian access, including the legal and normative framework, relevant stakeholders on access and the engagement process. The companion piece gives a detailed background on humanitarian access, making it a useful resource for those wanting to explore the topic further. Together, these resources offer an in-depth perspective on both the specific considerations of DHA and the broader context of humanitarian access, enabling a fully informed approach to the topic.

Who is this Guidance Note for?

This Guidance Note is specifically crafted to enhance the efforts of field and Headquarters-based staff who are involved in the MRM on grave violations against children. Its primary purpose is to assist them in identifying what constitutes an incident of DHA under the MRM framework and to attribute to perpetrators. It is also a reference for the wider humanitarian and child protection community to better understand how the MRM data on DHA complements other humanitarian-led access efforts.



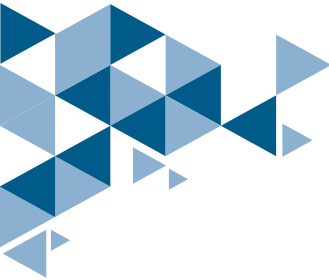
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1. Denial of humanitarian access within the children and armed conflict agenda



In its resolution 1261 (1999),¹ the Security Council expressed its grave concern at the harmful and widespread impact of armed conflict on children and the long-term consequences this has for durable peace, security and development. Through the adoption of subsequent resolutions,² the Security Council identified and condemned six grave violations against children:

- ▶ Recruitment and use of children by armed forces and armed groups
- ▶ Killing or maiming of children
- ▶ Rape and other forms of sexual violence against children
- ▶ Attacks against schools or hospitals
- ▶ Abduction of children
- ▶ **Denial of humanitarian access for children**

As early as 1999, with the adoption of the Security Council resolution S/RES/1261 (operational para. 11), the issue of humanitarian access was introduced as part of the CAAC agenda. In the resolution, the Security Council called on “all parties to armed conflicts to ensure the full, safe, and unhindered access of humanitarian personnel and the delivery of humanitarian assistance to all children affected by armed conflict”.

The reference to safe, timely and unimpeded humanitarian access has been subsequently reiterated in multiple resolutions related to the CAAC agenda over the years, including but not limited to: S/RES/1314 (2000), S/RES/1379 (2001), S/RES/1460 (2003), S/RES/1539 (2004), S/RES/1612 (2005), which established the MRM, S/RES/1998 (2011), S/RES/2427 (2018) and S/RES/2601 (2021).

1 See <https://undocs.org/S/RES/1261>.

2 Resolutions 1379 (2001), 1539 (2004), 1882 (2009), 1998 (2011) and 2225 (2015).

These resolutions have formed the mandate of OSRSG CAAC and MRM on grave violations against children. Specifically, they provide a crucial foundation for this Guidance Note, which expressly addresses DHA for children.

Moreover, statements referencing DHA by Member States during the annual Security Council open debate on children and armed conflict have increased steadily over time. Numerous Member States have reiterated the call for parties to the conflict to allow and facilitate safe, rapid and unhindered humanitarian access to civilians, with a particular emphasis on children. They have also consistently advocated for the strengthening of reporting on DHA. This includes enhancing understanding of the variations in, and types of, delays, denials or hindrances to humanitarian access.

Key takeaways:

- ▶ Numerous Security Council resolutions, both within and outside the CAAC agenda, have echoed the call for safe, timely and unimpeded humanitarian access to/for children. This includes landmark CAAC resolutions such as S/RES/1314 (2000) and S/RES/1612 (2005).



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2. Monitoring and reporting of incidents of denial of humanitarian access



The 2014 *MRM Field Manual*³ defines DHA as “The intentional⁴ deprivation of or impediment to the passage of humanitarian assistance **indispensable to children’s survival**, by the parties to the conflict, including **willfully** impeding relief supplies as provided for under the Geneva Conventions; and **significant impediments** to the ability of humanitarian or other relevant actors to access and assist affected children, in situations of armed conflict. The denial should be considered in terms of children’s access to assistance as well as humanitarian agencies’ ability to access vulnerable populations, including children”.

- It is critical to recognize that a verified incident of DHA for children under the CAAC agenda does not necessarily amount to a breach of international humanitarian law and/or international human rights law and does not entail a legal determination.

2.1 Data collection, monitoring and reporting

2.1.1 Key elements of the working definition of DHA within the CAAC framework

To determine whether an incident should be reported as DHA, all four key elements must be met and verified:

- 1) DHA should occur in the context of, and be associated with, an armed conflict whether that situation is on the agenda of the Security Council or is considered as another situation of concern.⁵

3 OSRSG CAAC, UNICEF and DPO, *MRM Field Manual*, June 2014.

4 Recognizing the challenges of establishing intentionality with certainty, any information related to intent should be captured – when available – along with other incident-related details (as explained in section 2.1.3: Information to gather). However, while intent in itself is not a determining factor of what constitutes a DHA incident, it is relevant for attribution purposes.

5 As per S/RES/2024/384, para. 3 “the report documents situations in which apparent violations of international norms and standards are of such gravity as to warrant international concern, given their impact on children”.

- 2) The incident should have a severe **impact on children**⁶ (individuals under the age of 18 years) **and their survival**.
- 3) The perpetrator should be a **member of a party to the conflict** (e.g. members of State armed forces or non-State armed groups). The MRM does not focus on activities of civilians in what could be characterized as criminal activities.⁷ More information on identification of alleged perpetrators of DHA is available in [para. 2.1.2](#).
- 4) Reports should solely address incidents where there is a **denial, impediment or significant obstruction** to humanitarian actors' ability to access children, or where there is a denial of access to services indispensable to children's survival.⁸

The incident should severely impact children's ability to receive or access humanitarian assistance and/or services indispensable to their survival. Delays and minor obstructions should not be classified as incidents under the MRM unless they result in life-threatening consequences for children (see the chart below for more information).

-
- 6 Including children in detention and/or on the move (refugee, migrant and displaced children) in need of humanitarian assistance.
 - 7 It is important to note that in specific circumstances, civilian authorities may be identified as perpetrators of DHA – primarily in instances of bureaucratic and administrative impediments. Attribution of DHA by civilian authorities should be reported. More information on how and when to report bureaucratic and administrative impediments is available in [para. 2.1.5 "Reporting approaches"](#).
 - 8 As per the 2014 MRM Field Manual annexes, "The types of restrictions to report include the actual denial of medical aid, food, education, other essential supplies into areas; instances where children have died as they have not been allowed to cross checkpoints in ambulances to obtain essential or emergency medical care, which is to be reported as two separate violations; threats to and killing/injuring of humanitarian workers; and other significant impediments to humanitarian agencies that affect access to children" annex 2, p. 72. For the purpose of this Guidance Note, "Services indispensable to the survival of children" refers to a set of crucial services or amenities required to ensure a child's health and overall well-being. The nature and scope of these indispensable services can be highly contextual. They are determined by the level of needs to be addressed, whether there is an ongoing response in place, and the vulnerability of the specific population in question.



Distinguishing denials and significant obstructions from delays

Access constraints and impediments are common occurrences in conflict environments. When it comes to MRM, careful discernment must be employed to distinguish delays in the provision of humanitarian assistance or services from deliberate or significant obstructions to access to humanitarian assistance and services. Only denials and significant obstructions are counted as DHA incidents.

	Delays	Denials and significant obstruction
	NOT A DHA INCIDENT	DHA INCIDENT
Definition	Expected challenges intrinsic to conflict settings that lead to temporary hindrances or delays in humanitarian assistance are not considered DHA incidents.	Actions by parties to conflict that prevent or significantly hinder access of humanitarian assistance to/by children, which is indispensable for their survival, including bureaucratic and administrative impediments.
Examples (non-exhaustive)	Inclement weather, standard security checks, and only in case of imperative military necessity, for example in the case of a military operation in a particular location, and even then only temporarily (e.g. humanitarian convoy delays at checkpoints).	Restriction or prevention of humanitarian assistance and services, including restrictions on the passage of aid convoys by parties which are not motivated by imperative military necessity, limited to a particular location, and are temporary, deliberate imposition of arbitrary, discriminatory, or undue bureaucratic hurdles, (e.g. interference with the recruitment of humanitarian workers based on ethnic consideration), explicit refusal of aid distribution or access indispensable to children's survival.

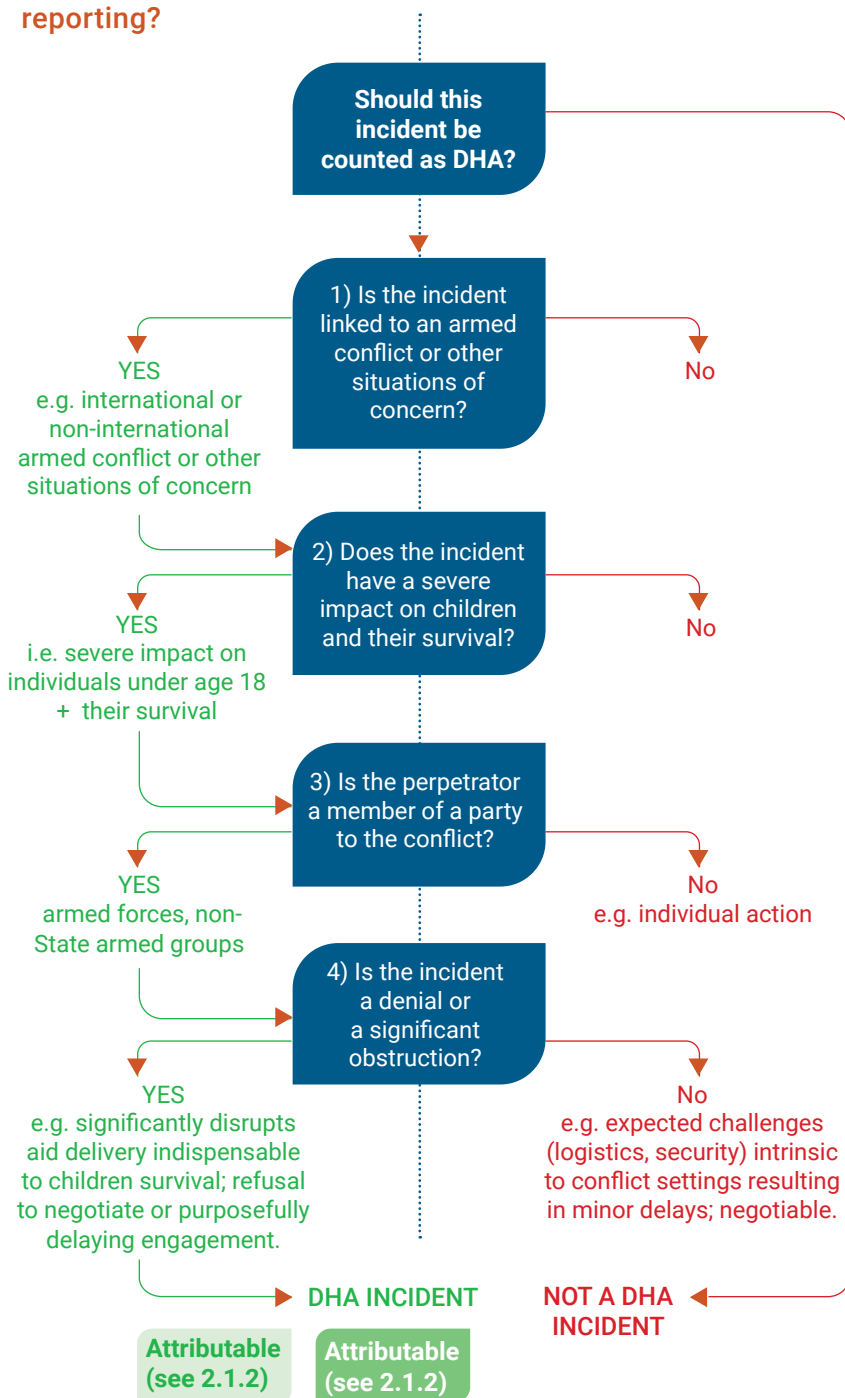
	Delays	Denials and significant obstruction
	NOT A DHA INCIDENT	DHA INCIDENT
Impact	<p>Minor and temporary, does not significantly affect the overall aid delivery to children, can be mitigated with effective logistical, programmatic and security planning.</p> <p>Moderate to no impact on children.</p>	<p>Severe impact, significantly disrupts aid delivery indispensable to children's survival, often requires intervention or negotiation with the obstructing parties.</p> <p>Results in harm for children and avoidable deaths, which could be prevented by swift decision and in good faith.</p>
Posture of parties/ability to engage	<p>Proactive engagement and/or prompt action is taken by parties to mitigate obstructions to humanitarian access.</p> <p>Parties are readily engaging in discussions with humanitarian actors, proposing solutions, and taking effective measures to alleviate the situation.</p>	<p>Parties are refusing to alleviate or mitigate significant obstructions to humanitarian access when it is within their ability to do so.</p>

Any incident that does not meet the above four criteria should not be counted as a DHA incident. To aid in your assessment, refer to the decision tree below.

If in doubt, please reach out to the country task force on monitoring and reporting (CTFMR) technical co-Chairs at country level and for further guidance, OSRSG CAAC at Headquarters level.



Decision tree: Should this incident be included in my DHA reporting?



2.1.2 Identifying perpetrators of DHA⁹

In the framework of the CAAC agenda, the identification of perpetrators is crucial¹⁰ for advocacy purposes. The following content aims to assist field staff involved in MRM implementation in making informed decisions about who is denying or has denied humanitarian incidents as defined above. It is important to apply this guidance within the specific context and in conjunction with the wider monitoring and reporting practices already established. The process of identification can range from straightforward to complex, depending on whether the denial involves a single party or multiple parties to a conflict.

Identifying perpetrators: Key steps

1. Identify the armed group/force: the first objective is to establish whether the violation was perpetrated by a party to the conflict and secondly to establish which armed force or armed group was responsible for it.
 - a. If the perpetrator was not in uniform, make an effort to gather further details from victims or witnesses that could assist in identifying the group affiliation of the individuals involved (see paragraph below). It is important to ascertain the individuals were acting under the authority of armed groups or armed forces. Making this distinction is crucial for separating such actions from actions that are unrelated to armed conflict.

9 In line with Security Council resolution 1882 (2009) and the Secretary-General's 2010 Annual Report, the listing of parties committing grave violations against children revolves around the pattern of violations. While DHA is not a listing violation, the same principles should apply. These entail multiple victims and intentional, willful conduct, excluding a single, isolated incident or the random conduct of an individual acting alone.

10 The *MRM Field Manual* offers an in-depth exploration of the identification process and outlines the following steps:

"Alleged perpetrator(s): Try to identify the armed group/force. Some people will be able to identify the perpetrator by recognizing the uniform. Be sure to ask if the perpetrator was wearing a uniform and, if not, how the respondent was able to identify his group membership. Be aware that in some situations fighters from one group will wear the uniform of another to try to place blame on an enemy or sow confusion within a population. Ask the respondent if they know which brigade or battalion the perpetrator is from (be aware of how the armed forces or groups in your areas are organized and the numbers or names of their divisions). See also if the person is able to identify an individual perpetrator by name or rank (e.g. you can ask the respondent whether the perpetrator had any stripes or other markings on his uniform). At a minimum, it is sufficient for the perpetrator to be identified to the level of armed group/force, although for advocacy and accountability purposes further details would be needed".



- b. Establish specific details: aim to ascertain the particular unit involved, if feasible. Familiarization with the local armed forces or armed group structures can aid this process. Look out for indications such as distinctive markings or stripes on uniforms. The location of the incident can also contribute to identifying the perpetrator, when areas of control and influence are well-documented. Do not hesitate to engage with United Nations colleagues who may have insights into the areas of presence and influence of various armed forces/groups (e.g. the United Nations Department for Safety and Security, or where United Nations peacekeeping operations and special political missions are deployed, Joint Operations Center (JOC) or offices with equivalent functions, Joint Mission Analysis Center (JMAC) or offices with equivalent functions, civil affairs and human rights, etc.).
2. Attributing violations: aim to attribute the violation based on the information collected ([see para. 2.1.3](#)). In the context of the CAAC agenda, attributing violations means identifying and assigning responsibility to the parties who commit violations against children during armed conflicts.

This process involves thorough analysis and verification of information from various reliable sources to determine the party or parties responsible for the DHA incident as per the definition highlighted in [paragraph 2.1.1](#).



Attribution is crucial in the CAAC agenda because it supports advocacy efforts, the development of mitigation measures, and progress monitoring (in coordination with relevant humanitarian actors).

Some situations may render it impossible to meet the above criteria

(e.g. incidents involving explosive ordnance that impacts aid delivery, such as humanitarian vehicles triggering landmines or encountering unexploded ordnance from past conflicts), leaving the identities of the parties involved unknown and the incident unattributable.

In instances where affiliation may be tenuous, and without certainty, refrain from attributing the perpetrators to specific armed forces or groups. Instead, use terms such as “unidentified” or “unknown” for the perpetrators. It is crucial to note that perpetrators of DHA may remain unidentified, especially in cases involving explosive ordnance that impacts aid delivery such as humanitarian vehicles triggering landmines or encountering unexploded ordnance. Even if the perpetrator is unknown the violation should be documented and considered verified if sufficient information is available.

a. Civilian authorities

It is important to note that in exceptional circumstances, civilian authorities may be identified as perpetrators of DHA – primarily in instances of bureaucratic and administrative impediments. More information on how and when to report bureaucratic and administrative impediments is available in [para. 2.1.5 “Reporting approaches”](#).

b. Multi-perpetrators scenarios

Denials may be caused by multiple parties involved in a conflict – especially in a context of active fighting, disputed territories or near frontlines. In such situations, all parties causing the delay, obstacle or denial should be considered as having caused the delay, obstacle or denial.

In the context of DHA, in situations with multiple perpetrators, identify each party involved and provide a thorough account of their individual and/or joint roles in the denial.



2.1.3 Information to gather to help document violations

When monitoring and reporting on DHA, the country task force on monitoring and reporting (CTFMR) should seek to gather the following information:

- ▶ **Source of information.** Differentiate between primary (victim/witness/perpetrators) and secondary sources. Mention the type of sources, e.g. child, parent, witness, community leader, United Nations, NGO, caregiver, teacher, health personnel or others. The individual name should not be collected.
- ▶ **Date** when the incident occurred.
- ▶ **Location** where the incident occurred (as specific as possible).
- ▶ If available, **number of children impacted**, and if available use sex-disaggregated data and data on children with disabilities. Additionally specifying if available an impact on children (e.g. preventable illness and death, malnutrition and so on). For further guidance, see [para. 2.1.6](#) “How to measure the impact of DHA on children.”
- ▶ If known, **status of the children** impacted (refugees, internally displaced persons, migrants, children with disabilities, others)
- ▶ **Entity responsible** for the denial (armed forces/armed groups including militias).
- ▶ The specific methods employed by the armed forces or armed groups in denying humanitarian access.
- ▶ **Intent**, if information is available (e.g. explicit orders or policies/statements (including social media, etc.).
- ▶ **Category of DHA** (see below).
- ▶ Whether the conduct was committed as part of a widespread or systematic attack against a civilian population (proven or suspected).
- ▶ **Severe impact on children** (e.g. preventable severe illness and death, malnutrition, etc.). For more guidance see [paragraph 2.1.6](#) “How to measure the impact of DHA on Children”
- ▶ **Action(s) taken** (if any). Outline any actions taken by humanitarian organizations or the CTFMR in response to the incident, including any immediate aid delivered or advocacy efforts undertaken.

2.1.4 Categories of DHA

DHA incidents can be grouped into five primary categories. This classification is merely indicative and is not intended to reflect every possible country context. Instead, it aims to present the most frequently encountered types of access constraints. The goal is to assist CTFMRs and their equivalents in using standardized language for their DHA reporting, to encourage coherence and consistency across various contexts.

► Please note that all key elements of the definition in para. 2.1.1 “Key elements of the working definition of DHA” should be present for the categories below to be considered as a DHA incident.

Categories of DHA:¹¹

- 1) **Restriction of movements of humanitarian personnel or goods within and/or into the country.** This involves the limiting or controlling of movements by humanitarian agencies either by armed actors, local authorities or other bodies. It includes the blocking or closure of entry points or other routes essential to humanitarian delivery.
- 2) **Restrictions, obstructions, discrimination or interference with children's access to services and assistance.** This refers to any form of denial caused by parties to conflict, preventing children from accessing services and aid. This may include but is not limited to health, food, shelter, water and sanitation.
- 3) **Violence against humanitarian personnel, premises and assets.** This includes any acts of violence directed towards staff of humanitarian organizations, their premises, or assets necessary for the completion of their mandate or activities. This could be assault, kidnapping, verbal or physical threats, or intentional destruction or looting, or appropriation of their property or equipment.
- 4) **Bureaucratic and administrative obstruction and/or impediments.** This refers to the use of laws, policies or administrative procedures to hinder or delay the functioning of humanitarian operations. This could entail withholding approvals including without justification or

¹¹ For examples, see annex 3 “Categories of DHA” and annex 4 “Field examples”.



cause, imposing excessive fees, or placing undue restrictions on imports, staff visas, movement permits or registration.

- 5) **Others.** This category includes any other type of incident that does not fit into the above categories but still constitutes an act that significantly impacts humanitarian operations and/or harms children's access to humanitarian assistance or services indispensable to their survival. This can span a wide range of context-specific actions, potentially varying across different countries or regions, including attacks on critical civilian infrastructure, water or energy infrastructure, and infrastructure necessary for humanitarian operations (telecommunications towers, power lines, roads, bridges).

2.1.5 Reporting approaches

The MRM is primarily an incident-driven mechanism. **Yet, to more deeply understand the access environment and its comprehensive impact on children, incorporating a systematic narrative approach in incident reports is required.** Narratives can capture the complex dynamics and indirect consequences of access denial, which numerical data alone generally fails to capture and convey.

This approach allows for a more nuanced analysis, which is essential for tailoring interventions that effectively address both the immediate and systemic barriers to humanitarian access.

Key elements worth considering for inclusion in a narrative paragraph on DHA:

- **Long-term, sustained access constraints or practices.** These constraints refer to incidents that cannot be readily quantified as individual events with a clear beginning and end, as they are more insidious and persistent. They can range from bureaucratic impediments to siege and blockade or threats against humanitarian actors. It is also widely acknowledged that in certain contexts, an absence of incidents could, in fact, indicate a complete lack of access, as no actors can reach the area, and therefore, no incidents are reported. By acknowledging these persistent barriers, narratives can foster a better understanding of the access environment.

Situations arising from policies or ad hoc decisions – including bureaucratic and administrative barriers as well discriminatory policies – along with sieges or blockades, can be considered as DHA if they meet all the criteria outlined in [paragraph 2.1.1](#). However, counting these instances as “incidents” can be challenging. To ensure these instances of DHA are not overlooked, they must be referenced in the narrative portion of your reporting, with an emphasis on their impact on children and humanitarian operations. Example: “Parties to the conflict continued to use siege and denial of access to water as tactics of war, and as at the end of 2016, an estimated 292,000 children were trapped in besieged areas. The Government was responsible for 80 per cent of the instances of besiegement, and Islamic State in Iraq and the Levant (ISIL) was responsible for 17 per cent”. (A/72/361 – S/2017/821)

- ▶ **Severity.** Highlighting the severity of different constraints and their immediate effects on the ground is critical for prioritizing advocacy messages. For example, a delay in the water and sanitation team’s access to a cholera outbreak site might be more harmful to children than the delay of a routine monitoring mission. Organizing these elements not just by their occurrence but by their potential impact is essential. To the extent possible, contextualize each reported impediment by associating it with its immediate and possible long-term impacts on the ground.
- ▶ **Patterns and trends.** Identifying and documenting trends and patterns enables field staff involved in MRM implementation to anticipate future challenges and adapt programmatic response and advocacy efforts accordingly. It is not enough to report isolated incidents; recognizing whether there is a deterioration, status quo, or improvement in the access landscape is impactful. It is also



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beneficial to discuss any anticipated future developments based on these trends within the CTFMR and with key actors within the humanitarian community and to utilize this information to design effective programmatic and engagement strategies with parties to conflict.

2.1.6 How to measure the impact of DHA on children

The MRM framework focuses on the severe **impact of conflict on children**. Therefore, it is vital to explicitly articulate this in the context of DHA. For this specific violation, **the effect on children may be collective and/or individual**. Additionally, it may entail targeted actions against specific children identified with a particular community, ethnicity, religion, political affiliation or a family allegedly connected to one of the warring parties.

a) Quantifying the number of children impacted

- ▶ If humanitarian assistance is denied on a large scale, humanitarian clusters or organizations may be able to determine the number of affected projects/communities and should have disaggregated data pertaining to children, using age, gender and disability as criteria.
- ▶ In cases where there is no specific data available on the child caseload, here are many sources that can be used to help with assessment:
 - ▶ It can be based on the percentage of children in need identified in the humanitarian needs and response plan. Consult with OCHA or the humanitarian coordinator to have access to this information.
 - ▶ Consult with relevant United Nations agencies and departments with access to information on population estimates or census (e.g. the United Nations Development Programme, UNICEF, or where United Nations peacekeeping operations and special political missions are deployed, JOC or the office with equivalent functions, JMAC or the office with equivalent functions, etc.)

- ▶ Searching for publicly accessible data, such as on the Humanitarian Data Exchange (HDX) platform,¹² or reaching out to local entities like the ministry of health, education or even civil protection, can also be beneficial.
- ▶ Consultations with the local community can also offer valuable insights.
- ▶ Using demographic data of a region or city to identify the number of children present at the time is helpful in estimating the likely number of children affected. However, this cannot be the sole assumption of impact.

b) Identifying long-term impact

- ▶ Verified incidents of DHA typically result in an immediate impact on children whose survival is at risk. However, it is equally important to consider the **potential long-term implications**¹³ for children, considering factors such as gender and disability. If the long term-impact is known and even if these incidents fall outside of the scope of what counts as a verified DHA incident, they should still be documented and reported in the narrative element of the reporting (global horizontal note and/or annual report).

c) Assessing the impact on children's survival

It might be useful to mention the impact of the DHA incident on children's survival in the narrative section of your report.

Example of key impact indicators (non-exhaustive):

- ▶ **Health impact.** Assess the immediate and potential long-term increases in child mortality and morbidity due to disrupted healthcare (e.g. disruption of vaccine campaigns).
- ▶ **Nutritional impact.** Monitor the specific effects on child malnutrition rates, crucial for early intervention.

12 The HDX is an open platform managed by OCHA for sharing data across crises and organizations. Launched in July 2014, the goal of HDX is to make humanitarian data easy to find and use for analysis. HDX data sets has been accessed by users in over 250 countries and territories. HDX is available at: <https://data.humdata.org/>.

13 For instance, the 2022 Political Declaration on Humanitarian Consequences of the Use of Explosive Weapons in Populated Area, clearly mentioned that the destruction of critical infrastructure has lasting repercussions on children. The loss or damage of essential infrastructures, such as those for education, health care, water, sanitation or food distribution, not only disrupts children's access to these vital services in the immediate aftermath but may also compromise children's long-term growth, development and prospects for the future.



2.1.7 Navigating dilemmas or grey areas

While the preceding guidance provides a framework for identifying incidents under DHA, those implementing MRM will likely face difficult dilemmas, with some incidents falling into “grey areas”.

The purpose of this section is not to provide definite answers to these dilemmas, as they are highly contextual, making it challenging to be prescriptive. Instead, this section aims to highlight the types of dilemmas colleagues may encounter and offers a methodology to address them.

These dilemmas may include:

- ▶ **Distinguishing criminal incidents from targeting of humanitarian actors.** Differentiating between common criminal activities and systematic targeting of humanitarian actors could be complex. Especially in volatile contexts, incidents might appear criminal on the surface, but they might be part of a larger pattern targeting humanitarian operations with the aim to cause obstruction or significantly delay assistance. Criminal activities may be classified as DHA if they meet the key elements of the definition in para. 2.2.1 “Key elements of the working definition of DHA within the CAAC framework”.
- ▶ **Attributing incidents of DHA when perpetrators are unknown.** Occasionally, it might be challenging to establish whether an incident falls under DHA if the actors responsible are unidentified. Without definitive attribution, deciding whether it is an obstruction or an isolated/criminal event can be challenging.
- ▶ **Addressing obstruction or denied access due to security concerns.** In some cases, access to deliver humanitarian aid may be delayed or denied purportedly for security reasons. Determining whether such security measures are legitimate or merely excuses to block aid can pose a real dilemma; incidents should be documented for future verification purposes.
- ▶ **Dealing with conditional access/interference with humanitarian operations and aid recipients.** Sometimes, access may be granted on certain conditions¹⁴ imposed by the parties to conflict. These types of incidents can fall into a grey area but should nevertheless be documented.

14 For example, only certain activities may be allowed, only specific items may be permitted for distribution to the population or only particular categories of staff may be authorized to deliver assistance, and so on.

Practical suggestions on how to navigate grey areas

These challenges do not have a one-size-fits-all solution. However, the following step-by-step methodology may prove useful in navigating these dilemmas and determining whether or not these incidents should be categorized as DHA incidents:

- 1) **Review the incident against the DHA definition.** Make sure the key elements and criteria of the DHA definition under the MRM framework are met. (see 2.1.1 Key elements of the working definition of DHA)
- 2) **Define the dilemma.** Identify the exact nature of the issue. This could involve determining which criteria of the DHA definition are challenged or unclear.
- 3) **Gather additional information.** Collect all possible information about the incident. This might involve field reports, eyewitness accounts, official data and more. Consider the constraints practitioners on the ground might face, which could include access to the regions, impartiality or safety.
- 4) **Consult experts.** When in doubt, consult with subject matter experts who have experience in similar situations. The technical co-Chairs of the CTFMR or CAAC working group are your primary interlocutors. They may have insights that could assist in making an informed decision. Additional experts may include members of the Access Working Group or Headquarters colleagues at UNICEF and/or OSRSG CAAC.
- 5) **Document key information.** Document all incidents, irrespective of their standing. While some incidents might not fall strictly under DHA, they could still represent important data points for understanding the overall context.
- 6) **Make a decision.** Based on the collected information and advice from experts, make a decision on whether to categorize the incident as DHA.
- 7) **Review and reflect.** Learn from each decision made and apply this knowledge to similar dilemmas in the future.

While dilemmas are inevitable in such complex environments, systematic thinking, consistent application of the MRM and careful documentation can ensure the most effective action is taken.



2.2 Verification, data coordination and data protection

2.2.1 Verification

Verification is a key component of MRM, and the same standards apply to DHA. As detailed in the *MRM Field Manual*, multiple sources of information are ideal.

If there is only one primary source, the following criteria should be met:

- a) Information has been received from a primary source. A primary source is a testimony from the victim, perpetrator or direct eyewitness.

AND

- b) The information has been deemed credible by a trained and reliable monitor (MRM monitors)

AND

- c) The information has been verified as such by designated member(s) of the CTFMR.

- **Information shared by United Nations entities which are part of the CTFMRs or their equivalents is considered verified by CTFMRs or their equivalents after validation by the co-Chairs.** However, when time and resources permit and when relevant, additional information could be gathered to enhance the broader DHA analysis.

2.2.2 Data coordination

Various dependable sources of information on DHA exist,¹⁵ the majority of which are humanitarian. However, despite the abundance of available information, a common challenge is that data are scattered and not easily accessible. To counter this, CTFMRs **can establish a data coordination mechanism for information collation and/or exchange with external partners that collect information relevant to DHA.** Implementing this strategy leads to a more predictable and streamlined information-sharing process and helps build a coherent and consistent narrative on humanitarian access.

¹⁵ See "Denial of Humanitarian Access in the Context of the Children and Armed Conflict Agenda: A Background Note" for more information on key access stakeholders.

- ▶ The establishment of information-sharing mechanisms with external partners should prioritize the use of the MRMIMS+,¹⁶ if deployed in the situation of concern. Additional or alternative information sharing-mechanisms may be considered if they afford close consideration and attention to the protection of sources, including victims and witnesses.
- ▶ **Actors or structures with whom a data coordination mechanism on DHA could be relevant** (non-exhaustive): OCHA, Access Working Group, protection Cluster, NGO forum, International NGO Safety Organisation, MARA Working Group, Information Management Working Group, Gender-based Violence Information Management System, and so on. (More information on these groups is available in the “Denial of Humanitarian Access in the Context of the Children and Armed Conflict Agenda: A Background Note”).
- ▶ **Data coordination mechanisms can also be informal.** They could be as simple as a bi-monthly meeting with the co-Chairs of the Access Working Group or a regular forwarding of emails from entities possessing relevant DHA information.

2.2.3 Data sensitivities and data protection in the context of DHA

Data confidentiality and security are cornerstones of MRM and are thoroughly detailed in the *MRM Field Manual*. Just like other violations, DHA adheres to the same standards of confidentiality and data security.

MRM teams might encounter challenges while collecting data on DHA, particularly from humanitarian actors. They may have to navigate a variety of potential concerns or sensitivities, which might include but are not limited to:

- ▶ **Risk of identification.** Revealing specific details related to the DHA incident in any public reporting might unintentionally expose the identities of the organizations involved in the incident, or those

16 The MRMIMS+ is an interagency tool that was officially adopted as the information management system to document grave violations against children by UNICEF, DPO and OSRSG CAAC.



reporting on it. This could put them at significant risk. For example, if a single organization operates in a specific area, shedding light on DHA incidents in this precise location could compromise the anonymity of the source.

- ▶ **Operational risks and restricted access.** Releasing information on DHA through any public report or advocacy messaging could lead to threats, violence or restrictions of access by parties in retribution. This in turn could also have a chilling effect among humanitarian actors and result in a scaling back of activities. It could also potentially jeopardize access to areas in need by inadvertently revealing sensitive operational details or exacerbate tensions between the community or humanitarian actors and armed actors.
- ▶ **Undermining negotiations.** Sources may be reluctant to disclose incidents of DHA as it might challenge ongoing access negotiations with authorities or armed actors for the provision of humanitarian assistance.
- ▶ **Risk to the affected communities.** Information about DHA incidents could lead to direct or indirect harm to the communities being served if it results in retaliation by parties, increased tensions, or further restrictions on access.
- ▶ **Risk of politicization.** DHA incidents can be sensitive and politically charged, and sharing information on such matters might be exploited for political purposes. The politicization of access poses a significant risk for humanitarian actors as it blurs the distinction between humanitarian and political objectives. Humanitarian actors may no longer be perceived as neutral, impartial or independent, negatively impacting acceptance of them or access by them.
- ▶ **Perception/reputational risks.** DHA may pose perception risks for humanitarian actors. Any misunderstanding suggesting that humanitarian actors are closely working with a political reporting mechanism might harm their neutrality and put them at risk.
- ▶ **Funding risks.** There is a risk that negative coverage related to DHA incidents might discourage donors from providing further humanitarian funding, negatively affecting humanitarian operations.

In the event of resistance or reluctance from key sources to share information on DHA, it is crucial to identify any potential perceived risks and implement appropriate risk mitigation measures. These measures may encompass:

- ▶ **Confidentiality measures.** Implement strict confidentiality measures when handling sensitive information, ensuring only essential personnel have access to it.
- ▶ **Anonymization.** Anonymize data to the greatest extent possible to protect the identities of both those affected by DHA and those reporting it.
- ▶ **Capacity-building.** Provide training for key information sources on the importance of data responsibility and how the MRM handles sensitive data securely and responsibly.
- ▶ **Regular review.** Regularly review and update risk mitigation strategies in line with evolving contexts and emerging threats.
- **Note that the risks identified above can be significantly mitigated by diligent categorization of DHA incidents, as laid out in this Guidance Note. By precisely defining what qualifies as a DHA incident under the MRM and through a comprehensive understanding of the minimum CAAC reporting standards and confidentiality measures, partners should gain greater confidence in both the process and its outcomes.**



2.3 Understanding and documenting the gender aspects of DHA

It is important to acknowledge that the impact of DHA for children may differ based on their gender. Key questions to ask yourselves (non-exhaustive):

- ▶ What places boys and girls at different risk of this violation?
- ▶ How do boys and girls experience this violation differently?
- ▶ How does the experience of this violation differ between female and male humanitarian workers?
- ▶ What are the different effects of this violation on boys and girls?

See below some key elements and examples to help bring a gender dimension to your DHA reporting and analysis:¹⁷

- ▶ In contexts where women and girls are restricted in their mobility due to security concerns or cultural and social influences and/or norms or restrictive gender-based laws, accessing and providing humanitarian aid may become a challenge. This limitation is notably pronounced when it comes to sexual and reproductive health services.
- ▶ Teenage boys may be misconstrued as being linked to parties to conflict, leading to potential DHA by armed actors and/or chilling effects leading to their fear of showing themselves at aid distribution points.
- ▶ Access constraints affecting humanitarian personnel can limit the quantity and variety of organizations allowed to operate, the types of services or relief they provide, and the areas they can access. This, in turn, could restrict the provision of assistance and services that cater specifically to different ages and genders.

¹⁷ OSRSG CAAC. The Gender Dimensions of Grave Violations Against Children in Armed Conflict, May 2022.

To improve the gender analysis of DHA some easy steps can be undertaken:

- ▶ Gather data that is disaggregated by sex and age of children impacted by incidents of DHA, as well as for the impact of these incidents on children.
- ▶ Collaborate/establish information-sharing protocols with the MARA Working Group, Gender-Based Violence Information Management System and the Gender in Humanitarian Action Working Group.
- ▶ Identify and collaborate with women's rights organizations/women-led organizations.
- ▶ Contextualize the data by incorporating relevant factors, such as cultural or security concerns, that uniquely affect different genders.
- ▶ Collaborate with the Senior Gender Adviser if present in-country. This person will most likely work under the emergency relief coordinator/humanitarian coordinator and/or be hosted by OCHA.
- ▶ Be familiar with the gender and age marker of humanitarian projects impacted by DHA. This will help your gender analysis.
- It is important to note that the steps outlined for the gender analysis could be effectively applied to other vulnerable child populations as well, including children with disabilities¹⁸ and other marginalized groups.

18 For more guidance on children with disabilities in the context of DHA, see "Towards Greater Inclusion: A Discussion Paper on the CAAC Mandate and Children with Disabilities in Armed Conflict", OSRSG CAAC, December 2023, p. 35.



Key takeaways:

- ▶ To be counted as a DHA incident, all of the following criteria should be met: linked to armed conflict and other situations of concern as determined by the Secretary-General, with severe impact on children, the perpetrator is a party to the conflict,¹⁹ and a denial, impediment or significant obstruction to humanitarian access or services indispensable to the survival of children.
- ▶ DHA incidents can be categorized into five categories: restriction of movements, denial of access to humanitarian or basic social services for children, violence and/or threats against humanitarian actors, bureaucratic obstacles and others.
- ▶ Combining an incident-based approach with a narrative that underlines trends, severity and non-incident-related access constraints impacting children is required. The impact on children should be explicitly stated.
- ▶ While data on DHA exist, it is often scattered and difficult to access. To alleviate this, it is essential to establish data coordination and information-sharing protocols with the most pertinent sources.
- ▶ Keep in mind that humanitarian actors and/or communities may hesitate to share information on DHA for various reasons. It is crucial to understand the risks they may face and suggest possible risk mitigation strategies.
- ▶ Incorporating a gender analysis into your DHA reporting can be achieved with several simple steps such as using gender-disaggregated data and providing narratives on gender impact of DHA.

¹⁹ S/RES/2024/384 para. 3 "Reference to a situation does not seek to make any legal determination as to whether situations which are referred to in the present report constitute armed conflicts within the context of the Geneva Conventions and the Additional Protocols thereto, nor does it prejudge the legal status of the non-State parties involved in these situations".



Photo credit: © UNICEF/UN0710512/AC Dimatatac



3. Engagement, dialogue and advocacy with States and non-State actors on DHA to children

3.1 The role of the CTFMR in broader access conversations and negotiations and its complementarity with humanitarian negotiations



Humanitarian actors are responsible for negotiating and managing humanitarian access at the country level, and it is important to highlight that negotiations concerning humanitarian access are likely already occurring at the field level. These negotiations are complex and may occur at varying levels – local, national or even global.

The emergency relief coordinator at the global level, and the humanitarian coordinator at the country level, are responsible for leading and/or promoting negotiations with relevant parties, including non-State actors, for the purpose of obtaining timely, safe and unimpeded access by humanitarian actors to populations in need.

- ▶ **Efforts to maintain adequate coordination with humanitarian actors are therefore crucial**, as well as ensuring constant dialogue and information-sharing not to undermine the negotiation and mediation efforts of any party. Coordination mechanisms should systematically be established to promote a coherent and complementary approach. Initiatives where best practices and lessons-learned are exchanged should therefore be encouraged.
- ▶ It is also worth noting that **certain humanitarian diplomacy initiatives will most likely be in motion**. These initiatives are designed to engage with local populations and authorities at multiple levels, conveying the need for, scale of and potential responses to the humanitarian crisis.

- ▶ **Any engagement on DHA necessitates prior discussions with OCHA and/or relevant humanitarian entities engaged in access negotiations to avoid duplication and/or blurring of roles and mandates.**²⁰ Such engagement, when coordinated, can help to reinforce ongoing advocacy to ensure critical aid delivery.
- ▶ Guidelines specific to the United Nations on engagement with parties to conflict may exist at the country level. Be sure to cross-reference any engagement actions with existing guidelines before proceeding.

While humanitarian actors are in the lead, CTFMRs and field colleagues involved in MRM implementation can offer invaluable capacities that greatly contribute to promoting humanitarian access to children:

- ▶ **Unique access to armed actors.** Field staff may build direct relationships with armed groups, opening channels of communication that might otherwise remain closed. This unique access can facilitate awareness-raising about vital access initiatives. For instance, in line with the humanitarian agenda, they can employ this rapport to advocate for the safe passage of aid convoys, expedited delivery and timely permissions.
- ▶ **Reinforcing humanitarian advocacy.** Field staff have, through their unique access, opportunities to reinforce existing humanitarian messages and the importance of adhering to international humanitarian law. Field staff can offer briefings and discussions to increase understanding and respect for principles of international humanitarian law, emphasizing the urgency and significance of uninterrupted humanitarian access to children.
- ▶ **Linking armed actors to relevant humanitarian actors.** By bridging armed entities and humanitarian organizations, including through their assigned CAAC focal points, field staff help avoid misunderstandings and ensure productive dialogue. For instance, they might direct a military commander, seeking information on vaccine distribution, towards a relevant health-focused NGO or United Nations agency, fostering effective collaboration and understanding of humanitarian roles, capacities, and mandates.

20 See aide mémoire Engaging with Non-State Armed Groups (NSAGs) for political purposes: Considerations for UN mediators and missions. Document available internally upon request.



- ▶ **Boosting local initiatives.** In addition to fortifying existing efforts, field staff may possess valuable insights about local access initiatives spearheaded by either humanitarian teams, the community or armed actors. They play a critical role in communicating the details of these initiatives back to pertinent stakeholders, ensuring effective information-sharing and coordination.

3.2 Engaging States and non-State armed actors on DHA

Engagement with parties to the conflict is a key component of the CAAC agenda to protect the fundamental rights and welfare of children in conflict zones.

Engagement with parties to the conflict on DHA can take the following forms:

- ▶ Promoting awareness among parties of the harmful effects of DHA on children, including its interconnectedness with other grave violations.
- ▶ Creating tailored advocacy initiatives that can utilize existing framework agreements, international humanitarian law and international human rights law to reiterate the actors' responsibilities and highlight potential accountability. The central message of these initiatives typically urges all parties **to allow and facilitate safe, timely and unimpeded access to children.**

3.2.1 Opportunities

- ▶ Conversations on DHA can serve as an entry point for addressing other grave violations. Since DHA is a non-listable violation, it may be viewed as less contentious, promoting a more receptive and constructive dialogue.

3.2.2 Challenges

- ▶ When engaging on the topic of DHA, challenges you might encounter include lack of accountability, loose or unclear chains of command within the actor's hierarchy, or resistance to acknowledging the impact of denying humanitarian access on children.
- ▶ In some contexts, engaging with parties to conflict may come with its unique set of challenges, due to their potential inaccessibility or unwillingness to engage. In such contexts, indirect engagement can be a viable alternative, with trustworthy third-party actors such as civil society representatives, women's groups, elders, or community and religious leaders acting as conduits for key messages while being mindful of the risks they may face. However, it is critical to ensure their safety by implementing robust risk mitigation strategies.

3.2.3 Practical tips for improved engagement:

- ▶ **Mapping power dynamics.** Understanding the hierarchy and decision-making process within the engaged group/armed actor can help tailor the engagement approach for effective communication, including by identifying a CAAC focal point.
- ▶ **Leveraging shared interests.** Illustrate how allowing humanitarian access can serve the actor's interest too, for example, by meeting affected populations' needs, reducing hostility against civilians and improving their own standing in the international community.
- ▶ **Training and capacity-building, including on child protection and CAAC.** Regular orientation and training sessions about international humanitarian law and child rights and protections can encourage a shared understanding and adherence.
- ▶ **Suggesting examples.** Cite successful instances where humanitarian access was allowed, underscoring the positive outcomes for both civilians and the armed actors involved.
- ▶ **Unified advocacy and collaborative strategy.** Under the coordination of OCHA and the Access Working Group, a unified advocacy strategy should be developed to effectively engage parties to conflict. This strategy will aim to harmonize efforts by leveraging applicable international agreements to emphasize



obligations and facilitate compliance, hence minimizing duplicative activities. A collaborative approach should be adopted within the Access Working Group to ensure consistency in advocacy messages and to enhance collective bargaining power in dialogues with armed groups.

3.3 Sample measures to address denial of humanitarian access against children with parties to conflict



Photo credit: © UNICEF/UN055250/Alessio Romenzi.

The following sample measures are designed to mitigate DHA. However, it is essential to note that numerous actors mandated on access may already be spearheading these initiatives. It is critical to ensure any measures taken are coordinated in close consultation with the humanitarian coordinator and OCHA, and other relevant access/

humanitarian actors so as to reinforce, not duplicate or undermine, existing strategies.

Practical operational steps can be implemented to facilitate and ensure access to children. **Remember, this list is not exhaustive, and engagement on these measures needs to be coordinated with relevant entities (including humanitarian actors) to enrich existing initiatives and avoid duplication.**

CATEGORY	SUBCATEGORY	MEASURES
Allowing and facilitating access to children	a) Streamlining administrative procedures to reduce impact on children	<ul style="list-style-type: none"> ▶ Waiving or simplifying and expediting entry procedures for humanitarian personnel. ▶ Waiving, reducing or expediting customs inspection requirements. ▶ Exemption from charges, taxes or customs duties for humanitarian relief consignments. ▶ Issuing permits for the passage of humanitarian relief, equipment and personnel. ▶ Ensuring adequate staffing and schedules in order to allow necessary formalities to be met efficiently and expeditiously. ▶ Allowing the import of telecommunications equipment exclusively for use in humanitarian relief operations, except when restricted for imperative security reasons. ▶ Ensuring local authorities/armed actors are aware of centrally issued humanitarian access permits



CATEGORY	SUBCATEGORY	MEASURES
	b) Enhancing safety measures	<ul style="list-style-type: none">▶ Guaranteeing the security of humanitarian personnel operating in conflict areas.▶ Sharing relevant information concerning potential safety risks with aid agencies to aid in their planning and scheduling.▶ Where appropriate, engaging in humanitarian notification systems processes established by humanitarian actors, which notify armed actors of humanitarian sites and movements. The process of humanitarian notification provides humanitarian notification systems recipients with some of the means to militarily “deconflict” humanitarian sites and movements.▶ Setting up secure and accessible routes, or humanitarian corridors, for the swift passage of aid.▶ Negotiating ceasefires, (temporary) cessations of hostilities, humanitarian pauses, or agreeing to “days of tranquility” to allow the delivery of humanitarian aid or conducting immunization campaigns.▶ Cooperating with mine and unexploded ordnance clearance operations in areas affected by mines and unexploded ordnance to ensure safe passage for humanitarian operations.

CATEGORY	SUBCATEGORY	MEASURES
	c) Facilitating operational efficiency and expedite assistance to children	<ul style="list-style-type: none"> ▶ Granting special passes or permissions for vehicles used in relief operations, ensuring their unhindered movement in conflict zones. ▶ Temporarily lifting sieges or blockades on affected regions to allow the provision of aid. ▶ Permitting air drops of aid supplies in cases where access by road/ground routes is not feasible ▶ Allowing access to refugee camps and centres/sites for displaced persons and children in detention. ▶ Endorsing the deployment of specialized personnel, such as doctors and nutritional experts, to respond to specific needs.
Prevention, awareness raising and capacity-building on humanitarian access to children	a) Rules of engagement and code of conduct with special relevance to children	<ul style="list-style-type: none"> ▶ Support awareness of clear rules of engagement and code of conduct that must be adhered to. Emphasize obligations under international law and encourage measures that allow and facilitate access. ▶ Support efforts to strengthen the rules of engagement and code of conduct by encouraging measures that allow and facilitate access while highlighting the long-term benefits to community relations and conflict resolution.



CATEGORY	SUBCATEGORY	MEASURES
	b) Training for armed actors on child protection and CAAC	<ul style="list-style-type: none"> ▶ In collaboration with relevant actors, offer focused courses to military and armed group personnel on international law and humanitarian principles, emphasizing the importance of maintaining humanitarian access and stressing the role of each member in respecting and facilitating humanitarian access and the potential consequences of denying humanitarian access to affected populations.
Accountability for denial of humanitarian access to children	a) Internal military incident reporting pathways	<ul style="list-style-type: none"> ▶ Encourage armed actors to establish internal clear channels for flagging access concerns within their military and other command structures and establish robust reporting systems within their institutional structures to monitor adherence to rules of engagement concerning access.
	b) Disciplinary framework	<ul style="list-style-type: none"> ▶ Support the development and implementation of a clear disciplinary framework with consequences for transgressing established rules, such as penalties.
	c) Legal accountability	<ul style="list-style-type: none"> ▶ Promote parties' understanding of the legal ramifications under international humanitarian law and international human rights law for denying humanitarian access. Additionally, if legal obligations regarding humanitarian access are incorporated in national or regional legislation, or in ceasefire or peace agreements, it is essential to clarify that related international humanitarian law and international human rights law obligations exist independently of any ceasefire or peace agreement.

Shall I include DHA in my action plan?

The CTFMR is mandated by Security Council resolutions 1539 (2004), 1612 (2005), 1882 (2009), 1998 (2011) and 2143 (2014) to develop action plans on grave violations against children, including recruitment and use, rape and other forms of sexual violence, killing and maiming, and attacks on schools and hospitals, with the parties to conflict. There is no similar requirement specifically for DHA, as it is not a listable violation. Inclusion of denial of humanitarian access in action plans can also duplicate with humanitarian efforts and blur roles and mandates in ways that undermine humanitarian action.

However, owing to the interplay between DHA and other grave violations against children, some references to it may be justified on an exceptional basis. Inclusion would require prior consultation and confirmation with the emergency relief coordinator and relevant humanitarian coordinator who are responsible for leading and coordinating humanitarian action. Engagement on access falls within their prerogative.

Note that while DHA is not included in action plans, it should not be misconstrued as permission for parties to conflict to obstruct humanitarian aid to children without repercussions.



Key takeaways:

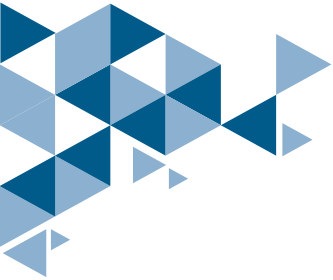
- ▶ Engagement strategies on DHA are designed to facilitate critical aid delivery and protect the fundamental rights and welfare of children in conflict zones.
- ▶ Humanitarian actors are responsible for negotiating and managing humanitarian access at the country level, and it is important to highlight that negotiations concerning humanitarian access are likely already occurring at the field level.
- ▶ Any engagement on DHA necessitates prior discussions with OCHA and relevant humanitarian entities engaged in access negotiations to avoid duplication and/or blurring of roles and mandates.
- ▶ Measures for addressing DHA include advocacy for steps by parties aimed at allowing and facilitating access to children (e.g. streamlining administrative procedures, enhancing safety measures or facilitating operational efficiency) or support through prevention strategies, awareness-raising initiatives, capacity-building and accountability mechanisms.
- ▶ Field staff involved in MRM implementation can play a pivotal role in supporting and reinforcing existing access initiatives – with a particular focus on children.



Photo credit: © UNICEF/UNI579657/Asad Zaidi.



4. Correlation with other grave violations



DHA involves obstructing the delivery of life-saving humanitarian aid to children, which often exacerbates the other five grave violations. The synergy of these violations forms a vicious cycle that amplifies the suffering of children.

Understanding the correlation between DHA and other grave violations against children in armed conflict is crucial for several reasons:

- ▶ **Holistic response.** Recognizing this interplay enables humanitarian agencies, policymakers, and peace and security operations to develop comprehensive and effective strategies to not only deliver assistance to children but also prevent potential insecurities and abuses.
- ▶ **Prevention and mitigation.** Realizing how the denial of access to children can exacerbate other violations can heighten proactive measures to prevent or mitigate these abuses. Attention can be targeted towards those areas where the likelihood of multiple violations happening concurrently is high.
- ▶ **Advocacy/engagement with parties to conflict.** Gaining a deep understanding of the interplay between DHA and other grave violations against children in armed conflict has significant potential to enhance dialogue with conflicting parties, providing a broader perspective that encompasses not just the immediate issues at hand but also the underlying and interconnected violations that might often be overlooked. By recognizing the multifaceted nature of these violations, one can foster an environment conducive to more nuanced, targeted and transformative discussions. A clear vision of the DHA interaction dynamics with other abuses can inform advocacy strategies, ensuring they encapsulate a broader array of child protection concerns.
- ▶ To discern potential patterns and correlations, it is essential to collect and cross-analyse data pertaining to various grave violations against children in armed conflict. This analytical process can reveal interconnected trends within the data.

4.1 Killing and maiming

DHA aggravates this grave violation against children as essential medical supplies and services, which could prevent deaths or minimize injuries, may be unavailable. For instance, the absence of essential medical supplies for the treatment of infants and children might result in inadequate treatment for injuries sustained in armed violence, leading to an otherwise avoidable loss of life or irreparable harm.

4.2 Recruitment and use of children

Deprivation of a child's basic needs due to DHA may become one of the drivers for a child to join armed groups or armed forces in the hope of getting those essential supplies. For instance, an armed group may have a monopoly on food and water supplies and use these to recruit children, promising them daily meals and shelter in exchange for involvement in armed conflict.

4.3 Rape and other forms of sexual violence against children

With the blockage of humanitarian aid and destruction of support systems, protection mechanisms for children and law enforcement may be compromised. This could lead to an increase in rape and other forms of sexual violence. For example, the absence of health-care services and women or child protection or emergency gender-based violence programmes can mean that victims of sexual violence lack access to treatment and justice avenues.

4.4 Abduction

DHA creates an environment wherein the abduction of children can proliferate, owing to strategic bargaining on humanitarian aid, exploitation in armed conflict and increased vulnerability in the face of displacement. For instance, DHA often triggers mass displacement as families journey to search for resources. These dangerous journeys can expose children to a heightened risk of abduction.



4.5 Attacks on schools and hospitals

Such facilities are often the core distribution points for humanitarian aid to children, so attacks on them simultaneously constitute attacks on the community's ability to receive assistance. For example, when hospitals are targeted, they may no longer be viable sites for the distribution of essential medicines and health-care services. When schools are attacked, not only is the provision of education undermined or prevented, but also the dispersal of food aid often provided by humanitarian organizations may be impeded.

How should I report a “double violation”?

If one child is affected by more than one violation, each violation should be counted as one and separate from each other under the respective violation section. However, a child should be counted only once in the total number of children affected by grave violations. Thus, where children are affected by multiple violations, the total number of grave violations will be higher than the total number of children affected.

For instance, an airstrike occurs, targeting a humanitarian warehouse and resulting in the death of a child. In this scenario, it is necessary to count and record two distinctly categorized violations: killing (1) and DHA (1) affecting 1 child.

Key takeaways:

- ▶ Understanding the correlation between DHA and other grave violations against children in armed conflict is essential for constructing a holistic programmatic response. This knowledge further assists in preventing and mitigating violations and in shaping advocacy strategies and engagement tactics.
- ▶ To detect patterns and correlations, it is important to gather data on the various grave violations against children in armed conflict and conduct cross-analyses.

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Thank you.



Annex 1: Tip sheet: key take-aways on DHA for children

CATEGORY	MEASURES
What is Humanitarian access? (Humanitarian Definition)	<ul style="list-style-type: none">▶ Humanitarian access is two-pronged: the ability of humanitarian actors to reach affected populations and the ability of those populations to access aid and services.▶ Access should be safe (minimal risk), timely (provided rapidly) and unimpeded (free from obstacles).▶ Humanitarian actors operate within a broader framework than MRM teams, addressing a wider range of access constraints (e.g. lack of infrastructure, floods, etc.)
The normative and legal framework	<ul style="list-style-type: none">▶ Under international humanitarian law, parties to the conflict must allow and facilitate rapid and unimpeded passage of humanitarian relief for civilians in need, including children, which is impartial in character and conducted without any adverse distinction, subject to their right of control.▶ The parties to the conflict must ensure the freedom of movement of authorized humanitarian relief personnel essential to the exercise of their functions. Only in case of imperative military necessity may their movements be temporarily restricted.▶ The Convention on the Rights of the Child provides that "[i]n accordance with their obligations under international humanitarian law to protect the civilian population in armed conflicts, States Parties shall take all feasible measures to ensure protection and care of children who are affected by an armed conflict" (Article 38 (4)). Other applicable international human rights law instruments outline specific rights that may be relevant. These include the rights to life, food, water, and sanitation health, shelter, clothing, an adequate standard of living, livelihood, and the principle of non-discrimination and leave no one behind.▶ Numerous Security Council resolutions, both within and outside the CAAC agenda, have echoed the call for safe, timely, and unhindered humanitarian access to children. This includes landmark CAAC resolutions like 1314 (2000) and 1612 (2005).

CATEGORY	MEASURES
Reporting approaches	<p>Adding a concise narrative to incident reports is critical, given that incidents alone often fail to effectively communicate the humanitarian access situation and its severe impact on children. Key elements worth considering for inclusion in a narrative paragraph on DHA:</p> <ul style="list-style-type: none"> ▶ Non-incidental-based access constraints ▶ Context/severity of DHA on children ▶ Trends and patterns
Navigating dilemmas	<p>While dilemmas are inevitable, systematic thinking, consistent application of the MRM framework on CAAC, and careful documentation can ensure the most effective action is taken.</p> <p>A step-by-step methodology includes:</p> <ol style="list-style-type: none"> 1) Review the incident against the DHA definition 2) Define the dilemma 3) Gather additional information 4) Consult experts 5) Document everything 6) Make a decision 7) Review and reflect
Sources of information	<p>To effectively document DHA incidents against children, having an up-to-date mapping of all available sources of information on access is crucial. Below are the main actors/structures with which coordination could be pertinent:</p> <ul style="list-style-type: none"> ▶ CTFMRs and their equivalents ▶ OCHA ▶ United Nations agencies (e.g. UNHCR) ▶ Clusters ▶ Access Working Group ▶ NGOs ▶ Civil society ▶ Peacekeeping operations ▶ Special political missions ▶ Others (diplomats, private sector, etc.)

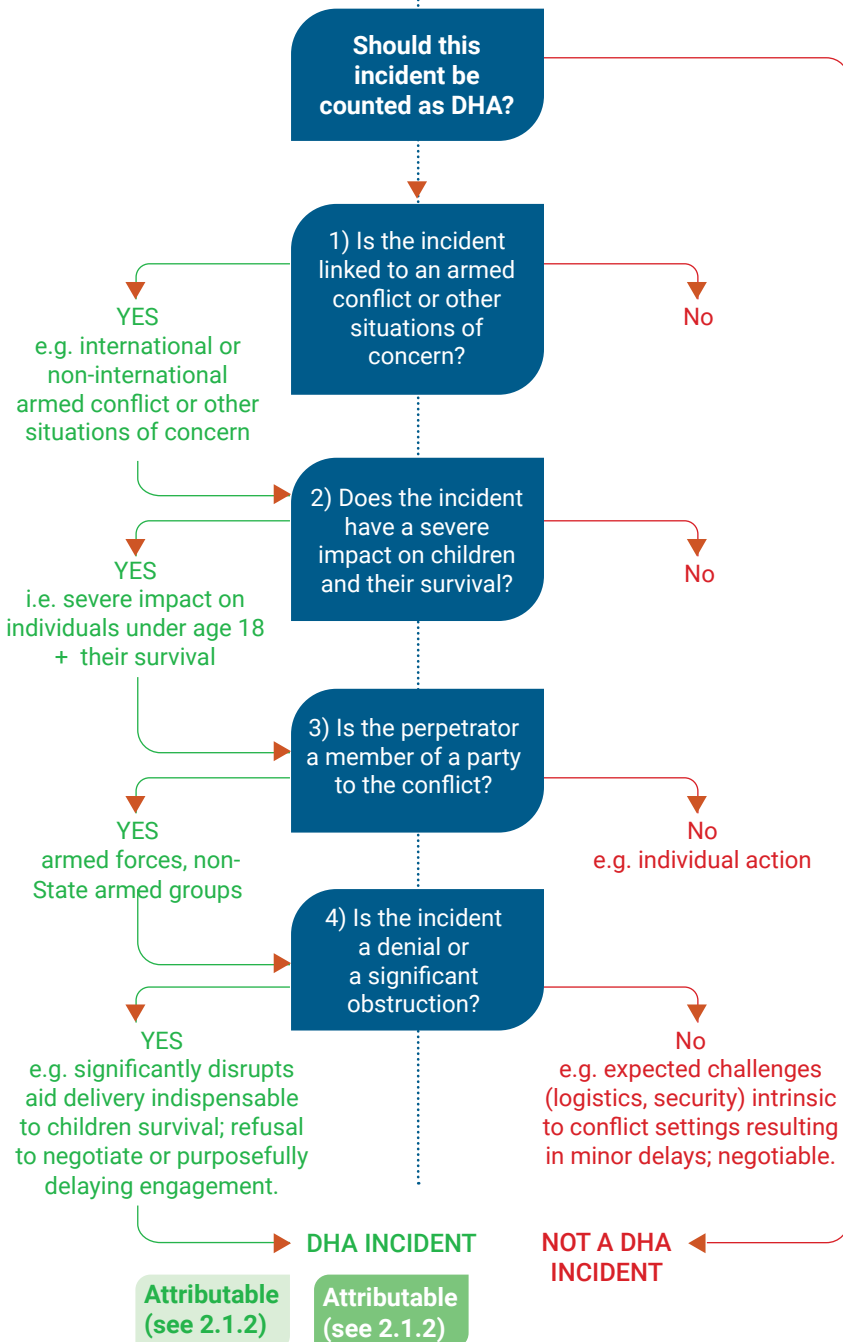


CATEGORY	MEASURES
Data coordination and protection	<ul style="list-style-type: none">▶ Notable sources of information on DHA include OCHA and the Access Working Group in addition to co-chairs of the CTFMRs and their equivalents. While data on DHA exist, they are often scattered and difficult to access. To alleviate this, it is essential to establish data-coordination and information-sharing protocols with the most pertinent sources.▶ Keep in mind that humanitarian actors and/or communities may hesitate to share information on DHA for various reasons. It is crucial to understand the risks they may face and suggest possible risk mitigation strategies.
Gender and Denial of Humanitarian Access to Children	<p>In order to improve your gender analysis of DHA some easy steps can be undertaken:</p> <ul style="list-style-type: none">▶ Gather data that is disaggregated by sex and age for incidents of DHA, as well as for the impact of these incidents on children.▶ Identify and collaborate with women's rights organizations/women-led organizations▶ Collaborate/establish information-sharing protocols with the MARA Working Group and Gender-based Violence Information Management System▶ Contextualize the data by incorporating relevant factors, such as cultural or security concerns, that uniquely affect different genders.▶ Collaborate with the Senior Gender Adviser if present in-country. This person will most likely work under the relief coordinator or humanitarian coordinator and/or be hosted by OCHA.▶ Be familiar with the gender and age marker of humanitarian projects impacted by DHA. This will help your gender analysis.

CATEGORY	MEASURES
Dialogue and engagement on DHA	<ul style="list-style-type: none"> ▶ Engagement strategies on DHA are designed to ensure critical aid delivery and protect the fundamental rights and welfare of children in conflict zones. ▶ Any engagement on DHA necessitates prior discussions with OCHA and/or relevant humanitarian entities engaged in access negotiations to avoid duplication and/or blurring of roles and mandates. ▶ Humanitarian actors have the primary role of negotiating and managing humanitarian access at the country level. Negotiations concerning humanitarian access are likely already occurring at the field level. Consultation and coordination with the humanitarian coordinator and OCHA are necessary. ▶ Measures for addressing denial of humanitarian access to children with parties engaged in conflict include elements aimed at allowing and facilitating access (e.g. streamlining administrative procedures, enhancing safety measures or facilitating operational efficiency) prevention strategies, awareness-raising initiatives, capacity-building and accountability mechanisms. ▶ MRM on CAAC teams can play a pivotal role in supporting and reinforcing existing access initiatives.
Correlation with other violations	<ul style="list-style-type: none"> ▶ Understanding the correlation between the DHA and other grave violations against children is essential for constructing a holistic response. This knowledge further assists in preventing and mitigating violations and in shaping advocacy strategies and engagement tactics. ▶ To detect patterns and correlations, it is important to gather data on the various grave violations and conduct cross-analyses.



Annex 2: Decision tree “Should this incident be included in my CAAC / DHA reporting?”



Annex 3: Categories of DHA

DHA incidents can be grouped into five primary categories. This classification is merely indicative and is not intended to encapsulate every possible country context. Instead, it aims to present the most frequently encountered types of access constraints. The goal is to assist CTFMRs and MRM on CAAC colleagues in using standardized language for their DHA reporting, to ensure coherence and consistency across various contexts and throughout the years.

CATEGORY	SUBCATEGORIES (non-exhaustive)	MEASURES
Restriction of movements of humanitarian personnel or goods within and/or into the country	<ul style="list-style-type: none">▶ Blockages at checkpoints or forced closures of entry points used for delivering humanitarian aid to children.▶ Interception of humanitarian convoys by military or armed groups.▶ Imposition of sieges or blockades that halt the flow of humanitarian aid to children.▶ Restricted access or denial of humanitarian access to children in conflict-affected regions by the host Government or opposition forces.	<p>It should be noted that establishing a military zone/"safe zone" or restricting access for security reasons could be valid reasons (e.g. for military, security or operational reasons) for parties to conflict to restrict access. However, these restrictions cannot be arbitrary and must be temporary and limited geographically. Additionally, parties to the conflict must ensure the provision of assistance to the civilians in the area, particularly as regards children.</p>



CATEGORY	SUBCATEGORIES (non-exhaustive)	MEASURES
Restrictions on, obstruction of, discrimination or interference with children's access to services and assistance	<ul style="list-style-type: none">▶ Displacement of children disrupting the provision of humanitarian assistance to children.▶ Discriminated access to services based on gender, ethnicity, religion, and so on or practices that discriminate humanitarian workers such as mahram.▶ Discriminated access based on lack of legal documentation.▶ Use of landmines or improvised explosive devices or presence of explosive ordnance that limit access to certain areas – including aid distribution points.▶ Interference with service provisions by parties to conflict (e.g. situations where authorities interfere with the recruitment of humanitarian personnel).	

CATEGORY	SUBCATEGORIES (non-exhaustive)	MEASURES
Violence against humanitarian personnel, premises and assets	<ul style="list-style-type: none"> ▶ Arrests or detention of humanitarian workers. ▶ Targeted violence or threats against humanitarian personnel, preventing them from reaching or assisting affected populations, especially children. ▶ Damage or destruction of humanitarian facilities, including those necessary for storage and/or distribution of aid. ▶ Seizure or theft of humanitarian supplies, looting of humanitarian sites/warehouses (if at scale and impacting operations/children's access to assistance). ▶ Kidnapping of humanitarian workers. ▶ Killing and/or maiming of humanitarian personnel (including sexual violence and other human rights violations). ▶ Attacks or violence at aid distribution sites causing disruption in delivery of services. 	<p>Not all instances of violence against humanitarian personnel are conflict-related; some could be purely criminal, particularly in areas where the rule of law is lacking.</p> <p>Criminal incidents or threats from criminal elements are not counted under the MRM framework on CAAC as a DHA incident.</p> <p>While threats cannot necessarily be recorded as specific incidents, they can significantly impact humanitarian operations. Therefore, these threats should be documented and explained in a short narrative, if there is an identified pattern.</p> <p>Keep in mind that according to international humanitarian law, all parties to the conflict must distinguish between civilian objects and military objectives and only direct attacks against military objectives.</p>



CATEGORY	SUBCATEGORIES (non-exhaustive)	MEASURES
Bureaucratic and administrative impediments	<ul style="list-style-type: none"> ▶ Systematic delays in issuing visas, work permits or permissions for humanitarian workers or projects, hindering timely delivery of aid and services to children. ▶ Non-recognition by local actors, including armed actors, of centrally issued humanitarian access permits. 	Bureaucratic and administrative impediments are usually not incident-based; hence they may not be counted as incident but rather reported in the narrative portion of the report if the CTFMR deems they meet the definition of DHA under the MRM on CAAC framework.
Others	<ul style="list-style-type: none"> ▶ Diversion of aid for political or military purposes. ▶ Gender-based or other discriminatory denials of humanitarian access (e.g. mahram) ▶ Illegal taxation, bribery, etc. ▶ Cyberattacks targeting humanitarian organizations, e-cash distributions, registration lists, etc. ▶ Attacks on critical civilian infrastructure, water or energy infrastructure, and infrastructure necessary for humanitarian operations (telecommunications towers, power lines, roads, bridges). 	There is a broad range of DHA incidents that may not fall within the above categories but could significantly impact children. It is important to monitor these access constraints. If you identify any patterns or trends, document them even if they are not verified incidents.

21 Under international humanitarian law, it is prohibited to attack, destroy, remove or render useless objects indispensable to the survival of the civilian population (e.g. foodstuffs, agricultural areas, crops, livestock, drinking water and irrigation systems) for the specific purpose of denying them for their sustenance value to the civilian population or to the adverse party, whether in order to starve out civilians, to cause them to move away or for any other motive. Telecommunication towers, under certain circumstances, are recognized as critical infrastructures due to their role in disseminating vital information within conflict settings, facilitating mobile cash transactions and ensuring reliable communication – a prerequisite for safe humanitarian operations. The absence of mobile services can interrupt humanitarian activities and directly impact children.

Annex 4: Examples from the field

Example 1: [Restriction of movements/denial of access to basic services]: The Syrian Arab Republic, 2017 (reporting period 2016), 292,000 children were trapped in besieged areas with no access to water. Polio vaccination campaigns were not allowed by ISIL and Nusrah Front. (Contextual example)

IS THIS CONSIDERED DHA FOR THE MRM?

YES

→ **YES**

1. Armed conflict or situation of concerns – YES
2. Severe impact on children – YES
3. Perpetrator is a party to conflict – YES
4. Denial or significant obstruction – YES

NO

Comments: The elements mentioned above are a clear incident of DHA and were reported as such in the annual report under the narrative section (not counted as not quantifiable). There are clear indications of impact on children, and the perpetrators are clearly identified. “Parties to the conflict continued to use siege and denial of access to water as tactics of war, and as at the end of 2016, an estimated 292,000 children were trapped in besieged areas. The Government was responsible for 80 per cent of the instances of siege and ISIL was responsible for 17 per cent. Essential medicines were removed or excluded from humanitarian convoys by Government authorities, while more than 411,000 children targeted by polio vaccination campaigns were not reached due to deliberate denial of access by ISIL and the Nusrah Front”. A/72/361 – S/2017/821

Example 1b: [Restriction of movements/denial of access to basic services]: 130 humanitarian aid missions to areas requiring coordination in a conflict-affected region were denied coordination or impeded by national authorities, out of 843 planned missions.

IS THIS CONSIDERED DHA FOR THE MRM?

YES

→ **YES**

1. Armed conflict or situation of concerns – YES
2. Severe impact on children – YES
3. Perpetrator is a party to conflict – YES
4. Denial or significant obstruction – YES

NO

Comments: These denials can be counted as DHA as long as they meet the four defining criteria of what constitutes a DHA incident.



Example 2 [Restrictions on interference, discrimination or obstruction of children's access to services and assistance]: Following ethnic riots and violence in "region A", 20 children from ethnic group "A" were refused access to hospitals and clinics by Government armed forces. This led to five preventable deaths among ethnic group A from common diseases.

IS THIS CONSIDERED DHA FOR THE MRM?

YES

NO

→ YES

1. Armed conflict or situation of concerns – YES
2. Severe impact on children – YES
3. Perpetrator is a party to conflict – YES
4. Denial or significant obstruction – UNKNOWN

According to the MRM CAAC framework, the incident can be classified as a DHA violation for the following reasons:

Denial of essential service. Children were deliberately not given access to health-care services, a fundamental humanitarian need that is required to maintain their physical and mental well-being.

Discrimination-based denial. The denial was clearly grounded on ethnic and religious discrimination.

Link to armed conflict. The ethnic violence and the consequent discriminatory measures can be traced back to periods of conflict and tension between the Government and region A.

Impact on survival. The denial of health-care services directly threatened the children's survival and livelihood, as it resulted in preventable deaths from treatable diseases and impedes the safe delivery and survival of newborns.

Example 3a: [Violence against humanitarian personnel, premises and assets]: Ten civilians traveling on a bus from a village to the regional capital were killed when the vehicle struck an improvised explosive device, triggering a deadly explosion. Among the victims was a humanitarian aid worker returning home for the weekend.

IS THIS CONSIDERED DHA FOR THE MRM?	
YES	NO
1. Armed conflict or situation of concerns – YES 2. Perpetrator is a party to conflict – YES	→ NO 3. Impact on children's survival – NO 4. Denial or significant obstruction – NO

Comments: While this incident impacted a humanitarian worker, it did not happen while he or she was on duty and this will most likely not have a direct impact on children's survival.

Example 3b: Violence against humanitarian personnel, premises and assets]: An airstrike struck a lot where trucks used for transporting humanitarian supplies were parked, destroying 5 trucks and damaging 40 others. The airstrikes started a fire in a nearby NGO warehouse storing food and other humanitarian supplies, resulting in the loss of a quarter of its stock – aid intended for approximately 25,000 people.

IS THIS CONSIDERED DHA FOR THE MRM?	
YES	NO
→ YES 1. Armed conflict or situation of concerns – YES 2. Severe impact on children – YES 3. Perpetrator is a party to conflict – YES 4. Denial or significant obstruction – UNKNOWN	

This incident meets all the four criteria and should be counted as a verified incident of DHA if the verification criteria are met. To the extent possible, the perpetrator should be identified and the incident attributed.



Example 4: [Bureaucratic and administrative Impediments] In country X humanitarian actors are required to acquire travel permits for humanitarian operations. There have been reported occasions where permits were arbitrarily denied or not recognized at the field level, ultimately delaying and sometimes completely stalling the delivery of emergency relief. The process is lengthy and significantly delayed the response to a cholera outbreak.

IS THIS CONSIDERED DHA FOR THE MRM?

YES	NO
<p>→ YES</p> <ol style="list-style-type: none"> 1. Armed conflict or situation of concerns – YES 2. Severe impact on children – YES 3. Perpetrator is a party to conflict – YES 4. Denial or significant obstruction – UNKNOWN 	

Comments: Bureaucratic and administrative impediments, while sometimes difficult to count as an individual incident, must be reported as DHA in the narrative portion of the report as long as they have an impact on children's survival and their ability to access services. If/when incidents can be clearly quantified, each instance can be counted as a verified incident of DHA if it meets the four defining criteria.

Example 5: [Others] The main water source for city X and its surrounding areas was attacked. In a series of bombings, the pumping station and water infrastructure were severely damaged, leading to the cutting off of water supplies for millions of residents, including a large number of children.

IS THIS CONSIDERED DHA FOR THE MRM?

YES	NO
<p>→ YES</p> <ol style="list-style-type: none"> 1. Armed conflict or situation of concerns – YES 2. Severe impact on children – YES 3. Perpetrator is a party to conflict – YES 4. Denial or significant obstruction – YES 	

Comments: The water supplies that have been damaged are an essential service, critical for the survival and health of children. Inadequate access to clean water can lead to severe health afflictions like dehydration and waterborne diseases – especially in the context of a conflict.

For further clarification as to whether contextual incidents should be reported as DHA, the CTFMR should seek the support of the relevant focal point in OSRSG CAAC, who will liaise with DPPA, DPO, OCHA and UNICEF, as relevant.

Annex 5: Sample measures for addressing denial of humanitarian access to children with parties to conflict

CATEGORY	SUBCATEGORIES	MEASURES
Allowing and facilitating access to children	a) Streamlining administrative procedures to reduce impact on children	<ul style="list-style-type: none">▶ Waiving or simplifying and expediting entry procedures for humanitarian personnel.▶ Waiving, reducing or expediting customs inspection requirements.▶ Exemption from charges, taxes or customs duties for humanitarian relief consignments.▶ Issuing permits for the passage of humanitarian relief, equipment and personnel.▶ Ensuring adequate staffing and schedules in order to allow necessary formalities to be met efficiently and expeditiously.▶ Allowing the import of telecommunications equipment exclusively for use in humanitarian relief operations, except when restricted for imperative security reasons.▶ Ensuring local authorities/armed actors are aware of centrally issued humanitarian access permits



CATEGORY	SUBCATEGORIES	MEASURES
	b) Enhancing safety measures	<ul style="list-style-type: none">▶ Guaranteeing the security of humanitarian personnel operating in conflict areas.▶ Sharing relevant information concerning potential safety risks with aid agencies to aid in their planning and scheduling.▶ Where appropriate, engaging in humanitarian notification systems processes established by humanitarian actors, which notify armed actors of humanitarian sites and movements. The process of humanitarian notification provides humanitarian notification systems recipients with some of the means to militarily “deconflict” humanitarian sites and movements.▶ Setting up secure and accessible routes, or humanitarian corridors, for the swift passage of aid.▶ Negotiating ceasefires, (temporary) cessations of hostilities, humanitarian pauses, or agreeing to “days of tranquility” to allow the delivery of humanitarian aid or conducting immunization campaigns.▶ Cooperating with mine and unexploded ordnance clearance operations in areas affected by mines and unexploded ordnance to ensure safe passage for humanitarian operations.

CATEGORY	SUBCATEGORIES	MEASURES
	c) Facilitating operational efficiency to expedite assistance to children	<ul style="list-style-type: none">▶ Granting special passes or permissions for vehicles used in relief operations, ensuring their unhindered movement in conflict zones.▶ Temporarily lifting sieges or blockades on affected regions to allow the provision of aid.▶ Permitting air drops of aid supplies in cases where access by road/ground routes is not feasible▶ Allowing access to refugee camps and centres/sites for displaced persons and children in detention.▶ Endorsing the deployment of specialized personnel, such as doctors and nutritional experts, to respond to specific needs.



CATEGORY	SUBCATEGORIES	MEASURES
Prevention, awareness raising and capacity-building on humanitarian access to children	d) Rules of engagement and code of conduct with special reference to children	<ul style="list-style-type: none">► Support awareness of clear rules of engagement and code of conduct that must be adhered to. Emphasize obligations under international law and encourage measures that allow and facilitate access.► Support efforts to strengthen the rules of engagement and code of conduct by encouraging measures that allow and facilitate access while highlighting the long-term benefits to community relations and conflict resolution.
	e) Training for armed actors on child protection and CAAC	<ul style="list-style-type: none">► In collaboration with relevant actors, offer focused courses to military and armed group personnel on international law and humanitarian principles, emphasizing the importance of maintaining humanitarian access and stressing the role of each member in respecting and facilitating humanitarian access and the potential consequences of denying humanitarian access to affected populations.

CATEGORY	SUBCATEGORIES	MEASURES
Accountability for the denial of humanitarian access to children	f) Internal military incident reporting pathways	► Encourage armed actors to establish internal clear channels for flagging access concerns within their military and other command structures and establish robust reporting systems within their institutional structures to monitor adherence to rules of engagement concerning access.
	g) Disciplinary framework	► Support the development and implementation of a clear disciplinary framework with consequences for transgressing established rules, such as penalties.
	h) Legal accountability	► Promote parties' understanding of the legal ramifications under international humanitarian law and international human rights law for denying humanitarian access. Additionally, if legal obligations regarding humanitarian access are incorporated in national or regional legislation, or in ceasefire or peace agreements, it is essential to clarify that related international humanitarian law and international human rights law obligations exist independently of any ceasefire or peace agreement.

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