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Review of Proposal to Extend Monitoring and Reporting Mechanisms on Children and Armed Conflict to Include Attacks on Hospitals

This memorandum reviews the proposal to expand the trigger mechanism regarding children and armed conflict to hospitals. It addresses the evidence supporting inclusion of hospitals in a series of Security Council resolutions on children in armed conflict, assesses the need for including hospitals in the mechanisms today, and considers the legal requirements for inclusion. The memorandum concludes that to protect children's health adequately in armed conflict, and especially to assure that their needs for hospital-based care of traumatic injuries and other threats to health are met, the trigger mechanism should include hospitals. It also concludes that including hospitals in the listing process is consistent with prior Security Council resolutions.

1. The origins of protection of hospitals: the Machel Report and Security Council response

Attacks on hospitals and medical personnel, denial of access to health services and misuse of facilities are a common feature of armed conflict despite their clear prohibition by the laws of war. (A review of the laws of war affecting hospitals and other facilities that treat children is contained in Appendix A). The impact of these violations on children in armed conflict was explored in the groundbreaking Machel Report in 1998, which provided the foundation for the present monitoring, reporting and response structure.

The report revealed the need for emergency treatment of injured children and to their right to broader health services during conflict, and the consequent need to protect hospitals and other health facilities from attack. It documented the destruction and closure of health posts in the 1980s armed conflict in Nicaragua, which severely limited care to children injured by the conflict and highlighted the flight of health workers from Cambodia after the Khmer Rouge period and its impact on children. Ms. Machel also recognised that for children, one of the most dangerous implications of the breakdown in health services is the disruption of rural vaccination programmes. For example, during Bangladesh's struggle for independence in 1971-1972 the report notes that childhood deaths increased by 47 per cent; smallpox, a disease that had virtually disappeared prior to the conflict, claimed the lives of 18,000 children.[1]

To increase protection of children during armed conflict, after broad consultations within the UN, its peacekeeping missions, member States and non-governmental organizations, the UN Security Council identified six categories of grave violations of the laws of war that warrant priority attention, selected based on the their egregious nature, the severity of their consequences on the lives of children, and their capacity for monitoring.[2] One of these grave violations was

[1] Graca Machel, The Impact of Armed Conflict on Children attached to: UN Note of the Secretary- General, A/51/306 (1996), para 146 & 147.
[2] Report of the Secretary-General, 9 February 2005 S/2005/72, particularly pages 14-29

attacks on schools and hospitals. The identification of six grave violations have been the subject of repeated reaffirmation and strong condemnation by the Security Council in Resolutions 1261 (1999), 1539 (2004), 1882 (2009). The continued reaffirmation of their importance secures their incontrovertible position as the basis of the Council's architecture in protecting children during war.[3]

In its 2004 resolution, the Security Council requested the Secretary-General to establish an action plan for a systematic and comprehensive monitoring and reporting mechanism regarding use of child soldiers "*and on other violations and abuses committed against children affected by armed conflict"* for consideration in taking appropriate action [4] (emphasis added). Following this directive, the Secretary General provided an action plan as part of his 2005 Annual Report.[5] Among its suggestions, the plan proposed that a monitoring and reporting mechanisms ("MRM") should place priority attention on the six grave violations, including attacks on schools and hospitals.[6] This proposal was given the force of international law by Resolution 1612 in 2005, in which the Security Council recalled the mandate set out in 1539 and called upon the Secretary General to implement such an MRM.[7] Resolution 1612 binds the Secretary-General to implement the MRM not only on the use of child soldiers, but on other violations and abuses committed against children in armed conflict. A Working Group was also established to oversee the development and implementation of the mechanism, which was to commence without delay, with a further independent review of the implementation of the mechanism by July 2006.[8]

For reasons of political priority and resource availability, listing of parties in the Secretary-General's annual report was restricted to recruiting or using child soldiers,[9] though this limitation did not affect the underlying legal mandate that the MRM address all six violations, including attacks on schools and hospitals. In current practice, once invoked by one of the current 'triggers,' the MRM operates to collect information on all six violations in accordance with its Resolution 1612 mandate. In recognition of the progress made in addressing recruitment and use of child soldiers, and to fill the gap in protection left by the limitation on the Secretary-General's listing criteria, in 2009 Security Council 1882 extended the triggers of the MRM to two additional grave violations: the killing and maiming of children and rape or other grave sexual violence against children.

The Security Council now has an opportunity to expand the 'triggers' of the MRM by adding attacks on schools and hospitals as the fourth grave violation capable of resulting in a parties' listing by the Secretary-General in the annexes of his Annual Report. In light of their repeated enunciation and condemnation, there can be no doubt that the phrase 'other violations and abuses' within this context includes attacks on hospitals (and schools as well). Consistent with

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[3] Office of the Special Representative for Children in Armed Conflict, *Working Paper No. 1, The Six Grave Violations Against Children During Conflict: The Legal Foundation*, October 2009. Available at http://www.un.org/children/conflict/_documents/SixGraveViolationspaper.pdf

[4] Paragraph 2, UN Security Council Resolution 1539 (2004)

[5] Report of the Secretary-General, 9 February 2005 S/2005/72, particularly pages 14-29

[6] Report of the Secretary-General, 9 February 2005 S/2005/72

[7] Security Council Resolution 1612 of 2005 2(a)

[8] Paragraph 3, Resolution 1612 of 2005. Recommendations for the full implementation of the mechanism were to be included as one component of the independent review. However, it appears that the review (at least in the terms referred here) did not occur as intended because of resource constraints.

[9] UNSC Resolution, para 16

the Security Council's recognition of the need to protect hospitals, they should be included explicitly in the trigger mechanism and listing procedure.

2. The impact of armed conflict and attacks on hospitals on children

Armed conflict has a severe impact on children's access to emergency and other essential facility-based health care. The Secretary-General's most recent report on children and armed conflict acknowledges that hospitals have borne the brunt of conflicts around the world, with physical attacks or threats of attacks on personnel or infrastructure leading to the disruption of the delivery of critical health services and/or the closure of hospitals.[10] Access to medical facilities has also impeded in a number of conflicts through restrictions or intimidation by parties to conflict.

Assaults that have taken place in armed conflicts in the past 20 years include attacks, destruction, or looting of medical facilities; use of medical facilities for military purposes; obstruction of access to medical care; firing on ambulances; and threats, intimidation, and violence against health workers for seeking to fulfill their ethical duties to all patients, including children.[11] However, compared with other major human rights violations affecting children in war, these acts receive little attention or systematic documentation. The international community has taken too few steps to assess and report on violations in a uniform and comprehensive manner.

The Secretary-General's Country Reports on Children and Armed Conflict highlight that country level monitoring and reporting mechanisms have the capacity to document some of these violations as they relate to the plight of children in armed conflict. Some examples from the individual country reports from 2009 to 2011 provide a useful insight into a serious and endemic problem.

The 2011 report on Iraq highlights the direct killing of children at the Ibn Sina Hospital compound in Mosul where four children were killed and nine below the age of 14 were among the 30 wounded. Child fatalities due to attacks on hospitals are reported alongside the broader repercussions for child health-care services that arise from the targeting of medical staff in Iraq. In 2008, it was reported that as a result of conflict 2,200 doctors and nurses had been killed and 250 kidnapped since 2003.[12] A similar picture has been observed in other settings. In the Democratic Republic of Congo a substantial increase in attacks in 2009-2010 compared with the previous reporting period is noted, with ten documented attacks against hospitals, including the looting and burning on September 4 2009 of the Ntoto local hospital.[13]

In the same period in Somalia, hospital sources state that they were severely limited by the lack of sufficient manpower, as well as by unavailability of supplies of medicines and other equipment. In addition, clashes had resulted in hospitals being forcibly closed because of fears for the safety of medical staff. In June 2009, the largest in-patient facility in central and

[10] United Nations, Children and Armed Conflict Report of the Secretary-General, S/2011/250, April 2011, para 212
[11] Rubenstein, L and Bittle, M. "Responsibility for Protection of Medical Workers and Facilities in Armed Conflict," Lancet 2010; 375: 329-40.
[12] Report of the Secretary General on children and armed conflict in Iraq, 15th June 2011 (S/2011/366)
[13] Report of the Secretary General on children and armed conflict in the Democratic Republic of Congo, 9th July 2010 (S/2010/369)

southern Somalia, run by Médecins sans Frontières (MSF) in Bakool, had to be temporarily closed as the risks had reached unacceptable levels. On 11 September 2009 a hospital in southern Mogadishu was hit by mortar shells killing at least 15 disabled people and wounding 17 others, including children.[14]

The Secretary General has noted in recent country reports the specific burden emergency childcare places on health systems in conflict settings. For instance in the report on Somalia just under half of the 1,137 people admitted to Daynile Hospital suffering from blast injuries in 2009 were women and children under the age of 14. The World Health Organization has also reported that, in March 2010 alone, the three main hospitals in Mogadishu reported 920 conflict-related injuries, of which an estimated 35 per cent were children.[15] Attacks on hospitals inevitably impacts on access to vital emergency health care for all persons but this does not preclude recognition of the particular vulnerability of children to injury in conflict.

A more complete review of the Secretary General's findings is contained in Appendix B.

The importance of preventing attacks on hospitals is reinforced when considering the extent of landmine injuries among children, which often require surgery and other elements of hospital care. An estimated 15,000 to 20,000 people are killed or maimed by landmines every year, disproportionately affecting children. In Cambodia children account for up to 50 per cent of landmines casualties; in Somalia more than 55 per cent of landmines victims are children, according to the 2003 Landmine Impact Survey. The International Campaign to Ban Landmines has found more generally that in mine-affected countries, children account for one in every five victims.

Children also represent a particularly vulnerable group with respect to their general health in conflict given their increased susceptibility to disease from unsanitary living conditions and higher risk of malnutrition problems due to food insecurity.[16] The importance of access to primary health care facilities and essential vaccine programmes should be viewed as essential to any child protection strategy in conflict and the disruption caused by attacks on health services and health workers, a monitoring priority.

3. Conclusion

There are compelling reasons for the Security Council to include hospitals (as well as schools) in the trigger mechanism, to expand monitoring of attacks on hospitals, to request an Action Plan for implementation and take other steps recommended by the Watchlist on Children in Armed Conflict.[17] The targeting of hospitals and health workers represents a major barrier to care for vulnerable patient groups such as children and a further denial of their paramount right to health reflected in international and regional agreements including the Convention on the Rights of the Child, Article 23. It should be noted as well that lack of reporting and documentation of attacks

[14] Report of the Secretary General on children and armed conflict in Somalia, 11th September 2010 (S/2010/577)
[15] See above n5
[16] "Paper commissioned for the EFA Global Monitoring Report 2011: The hidden crisis: Armed conflict and education: Impact of conflict on children's health and disability," at p2. For further information, please contact efareport@unesco.org.
[17] Watchlist on Children and Armed Conflict, Next Steps to Protect Children in Armed Conflict, Briefing Note to the Security Council, June 2011. http://watchlist.org/next-steps-to-protect-children-in-armed-conflict-june-2011/

on health facilities and health personnel has contributed to continued disregard for an established and internationally recognized legal framework for protection. Expanding the trigger would enable the UN to better document these violations and contribute to measures to halt attacks on hospitals in future action plans with armed forces and groups, thereby providing greater protection to facilities, children as patients, as well as health personnel. Adding parties to the Secretary-General's list of violators specifically for attacks on hospitals would also send a clear warning to perpetrators about the serious consequences of committing such violations. Like other triggers attacks on health facilities and health workers are measurable, and those who commit the violations if held to account through reporting will face increased international pressure and be subject to accountability measures that will encourage adherence. The development of action plans to include disciplinary measures against members of armed groups or forces who carry out threats or attacks against hospitals and health personnel, offers an important step forward in accountability.

Documentation of attacks on hospitals should use the international humanitarian law standards, including the definition of medical units, so as to assure inclusion of the variety of primary health care facilities and medical centres that may be operational in a given country context and relevant to children's health care e.g. temporary immunization clinics. Documentation should not be limited to attacks to the physical integrity of hospitals but extend to the monitoring of attacks against medical personnel who are integral to the delivery of health care.[18] It should be comprehensive and systematic to ensure that the real scale of these violations is documented.

Concerns have been expressed that including hospitals is over inclusive because adults as well as children use health facilities. That is not a sound reason not to include hospitals in the trigger mechanism. The Security Council has repeatedly affirmed the inclusion of hospitals in the six grave violations. Moreover, current reporting already highlights that it is possible to identify specific impacts of attacks on children, for instance focusing on injuries and deaths of children only. Classification of health personnel (e.g. midwife, paediatrician) who are attacked or flee a health facility will help ensure that including the monitoring of these attacks also retains a child centric focus. Finally, eliminating hospitals would have the perverse effect of overlooking harms to highly vulnerable children in order to avoid identifying harms to adults.

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[18] The protection of medical personnel is set out in the First, Second and Fourth Geneva Conventions of 1949 and expanded to cover civilian medical personnel by Article 15 of Protocol I. In relation to non-international armed conflict the rule is implicit in Article 3 of the Geneva Conventions and explicitly states in Additional Protocol II protected under the Geneva Conventions and Additional Protocol I. Under Rule 25 of CIL medical personnel exclusively assigned to medical duties must be respected and protected in all circumstances.

Appendix A: Status of hospitals under International Humanitarian Law.

Geneva Convention IV prohibits the targeting of civilian objects, emphasizing the importance of schools and hospitals to the civilian population especially children.[19] Deliberately targeting schools or hospitals in the absence of military necessity is prohibited under the general legal principle that civilian objects must be distinguished from legitimate military objectives and protected against the consequences of military operations. This is a customary norm of international law applicable in all conflict situations.[20]

Protections afforded to schools and hospitals are comprehensive: international customary and treaty law hold that a party to a conflict must guard against targeting or attacking schools and hospitals amidst the opposition group/country's civilian population, as well as safeguard from attack, the schools and hospitals found within its own civilian population or that fall under their control.[21] Deliberate targeting or destruction of a school or hospital (or other civilian objects) may amount to a grave breach of the laws of armed conflict.[22] The sole exception to this blanket protection afforded to schools and hospitals is 'unless and for such time as they are military targets' – i.e. being used for military purposes.[23]

Even in the "fog of war", humanitarian law is clear that if in doubt about whether a school or hospital is a military or civilian object, the working presumption must be made that a building normally dedicated to civilian purposes is presumed to remain a civilian object, and cannot therefore be lawfully targeted[24]

Other relevant international agreements reinforcing the protection of civilian objects include the *Convention on Certain Conventional Weapons Amended Protocol II* and *Protocol III*, which ban the use of mines and incendiary weapons, respectively, against schools or hospitals or similarly designated civilian objects.[25] The *International Court of Justice* has also declared the protection of civilians and civilian objects of paramount importance under humanitarian law.[26]

Scores of countries have enshrined the precept of forbidding the targeting of civilian objects including schools and/or hospitals into national legislation and the military manuals governing the conduct of their armed forces.

Within international criminal law, jurisprudence of the International *Criminal Tribunal for the former Yugoslavia (ICTY)* strongly establishes the necessity to protect civilian objects including schools and hospitals from attack, for example, the decisions *Kupreskic (2000)* and *Kordic &*

[19] Art. 18 Geneva IV, art. 48 Additional Protcol I. For example, art. 48 AP I states: '…the Parties to the conflict shall at all times distinguish between the civilian population and combatants and between civilian objects and military objectives and accordingly shall direct their operations only against military objectives.'
[20] Art. 48, 52 AP I; Customary Rule 7 in: International Committee of the Red Cross (Henckaerts, Doswald-Beck eds.), *Customary International Humanitarian Law Vol. 1: Rules*, Cambridge University Press (2005), p. 25; art. 48, 52 AP I; art. 13(1) AP II; *Nuclear Weapons Case*, International Court of Justice.
[21] Customary Rules 10 – 22 in: ICRC, as above n. 2, p. 34; art. 50 Geneva IV (for occupying powers).
[22] Art. 147 Geneva IV; Art. 85 AP I; Customary Rule 10-13 in: ICRC, as above n. 2 , p. 34.
[23] Ibid.; art. 52 AP I.
[24] Art. 15, 52 AP I; art. 9 -11, 18 AP II
[25] Art. 3 *Amended Protocol II* and art. 2 *Protocol III* of the *Convention on Certain Conventional Weapons.*
[26] *Nuclear Weapons Case,* International Court of Justice (1996).

Cerkez (2001).[27] The *Rome Statute* of the International Criminal Court extends criminal accountability for these actions (or failures to protect), providing explicit jurisdiction to prosecute and punish those that intentionally target schools or hospitals during wartime. Such actions amount to war crimes regardless of whether they occur during an international or non-international armed conflict.[28]

The paramount importance of the child's right to health care [and education] is recognized by the *Convention on the Rights of the Child*.[29] The targeting and destruction of schools or hospitals may clearly constitute an obstacle to fulfilling such rights.

[27] *Kupreskic* (2000) and *Blaskic* (2000). In *Kupreskic*, the court stated:: 'The deliberate attacks on civilians or civilian objects are absolutely prohibited by international humanitarian law.' In *Blaskic* case: The ICTY Trial Chamber found the accused guilty of 'unlawful attacks on civilian objects.'
[28] Art. 8(2)(b), 8(2)(e) *Rome Statute of the International Criminal Court*
[29] Art. 24, 28 *Convention on the Rights of the Child*

Appendix B: Excerpts from Secretary General's Annual Reports on Children in Armed Conflict Relating to Hospitals

2011

Democratic Republic of Congo

89. In 2010, at least 14 schools and 9 hospitals (10 in North Kivu, 8 in Ituri, 5 in South Kivu) were attacked by armed forces and groups (7 by FRPI/FPJC, 7 by FARDC, 3 by PARECO, 1 by FRF, 2 by FDLR, 3 unidentified). The attacks included 10 cases in which the buildings were destroyed, 18 cases of looting and 7 cases of occupation of the buildings.

Somalia

134. A total of 222 children were reportedly killed and 592 wounded or maimed in 2010 as a result of being caught in crossfire or mortar shelling during fighting between Transitional Federal Government forces, supported by AMISOM, and armed insurgents, primarily Al-Shabaab and Hizbul Islam, in and around Mogadishu. The number of child casualties is, however, estimated to be much higher according to the International Committee of the Red Cross. In 2010, out of more than 6,000 patients (compared to 5,000 in 2009 and 2,800 in 2008) admitted to Keysaney and Medina Hospitals, the two main referral hospitals in Mogadishu, approximately 40 per cent were women and children. Of particular concern was the recent increase in the number of civilians, among them many children, being killed or injured owing to the use of explosive weapons in populated areas.

Philippines

178. There has been an upward trend in the number of attacks on schools and hospitals and their personnel in 2010 [details of school attacks omitted for current purposes]

Yemen

201. Over 80 per cent of the health-care facilities was either damaged or lost in Sa'ada Governorate as a result of the conflict, which has continued to seriously affect the provision of health care to the community, including to children. In this governorate alone, approximately 35 per cent of health-care structures were partially or completely destroyed owing to mortar shelling and crossfire during clashes between parties to the conflict, and most of the health workforce has migrated outside the governorate. On 28 November, AQAP kidnapped the Director of Al-Salam Hospital in Sa'ada, which resulted in the closure of the hospital for two days. The hospital had been admitting around 3,000 patients a day.

2010

Somalia

116. …Hospitals were also hit by mortar shells, resulting in their temporary or permanent closure, and were compromised by the lack of sufficient manpower, supplies of medicines and other equipment. Medical personnel received death threats, including those in Medina Hospital, Mogadishu, who were accused of treating Government soldiers and receiving support from enemies of Islam.

Philippines

143. Ten incidents of attacks on schools and hospitals have been verified by the country task

force from January to December 2009, where in several instances children were injured as a result. All incidents resulted from ongoing clashes between the military and non-State armed groups.…

Sri Lanka
150. In the districts of Killinochchi and Mullaitivu (northern Sri Lanka), a total of 199 cases of children killed and 146 cases of children maimed were reported from 1 January 2009 to 19 May 2009, although the actual number of casualties is likely to be higher. The most affected age groups were the oldest and the youngest children — the majority of children killed were those up to 5 years of age (71 children killed and 28 maimed), while the older children, 13 to 15 years of age, and 16 to 18 years of age, suffered proportionally more by incidents of maiming (40 children in the first category and 37 in the second). The vast majority of children (97 per cent) were injured or killed in Mullaitivu district, followed by 3 per cent in Killinochchi district. According to interviews with internally displaced persons, a large number of casualties were allegedly due to artillery fire from the Sri Lankan Armed Forces and a number of casualties were allegedly due to artillery fire from LTTE. Four cases of child deaths and injuries were related to incidents that occurred in or near a hospital. In addition, children and youth continue to be at risk from the presence of mines and unexploded ordnance in northern Sri Lanka, although unexploded ordnance removal and de-mining activities continue.

Yemen
164. Approximately 70 per cent of health facilities in Sa'ada were either completely destroyed or used as military installations during the conflict, including 2 hospitals, 3 health centres and 13 health units destroyed, as well as 2 health centres used as military installations. That situation highly affected access by the community to health care both during and after the conflict.

2009 Report
Georgia
51. As of the beginning of September 2008, 13 clinics in Gori and in the adjacent areas were not functioning owing to infrastructure damage and/or the displacement of health-care workers, having serious consequences for the provision of health services to children. Doctors and nurses were also killed or seriously injured from sniper shooting or bombardments of medical infrastructure during the conflict. Clinics in Karaleti and Dvani were severely damaged; Tkviavi hospital and three clinics in Mereti, Nikozi and Berbuki were damaged; and several primary health- care facilities in Dzevera, Mereti and Nikozi were completely looted. Almost all health-care facilities in South Ossetian villages, including in Sarabuk, Pris, Tbet, Khetagurovo and Satikar, were totally destroyed. The main hospital in Tskhinvali was hit by rockets reportedly launched by Georgian forces.

Palestine/Israel
87. There are concerns that Hamas reportedly used children as shields and may have used schools and hospitals or areas in their proximity to launch rockets into Israel during the December 2008 and January 2009 hostilities. These concerns must be further investigated.

89. … Further, 14 hospitals and 38 clinics were damaged or destroyed. A total of eight UNRWA health facilities were slightly damaged.

Sudan

106. All attacks on schools or hospitals in Darfur occurred during ground attacks or clashes between different armed groups. In September 2007, five schools and a clinic were burned in connection with an attack on Haskanita. An investigation by the United Nations has noted that the whole town had been burned in what seemed to be a systematic and intentional operation committed by splinter groups from both SLA/Unity and JEM. However, most lootings of schools and hospitals occurred in Western Darfur, including by SAF and militias supported by the Government Sri Lanka

136. The physical security of children trapped in increasingly small areas where intense fighting is taking place and in other conflict affected areas has become a critical protection concern. LTTE was carrying out operations, including artillery fire from civilian areas, placing them at risk. The Government also continued aerial bombardment and long-range artillery fire. The full scale of child rights violations is not known due to access impediments. However, on the very few occasions that access was possible in the Vanni, the United Nations verified that at least 4 children were killed and 17 injured in December 2008 and 55 children were killed and 212 injured in January 2009. On 29 January 2009, ICRC successfully escorted 226 sick and wounded patients requiring urgent medical treatment to Vavuniya hospital in the Government-controlled area. The wounded included 50 children between the ages of 4 months and 17 years.

137. Between 15 December 2008 and 15 January 2009, 11 shellings of or near medical facilities in the Vanni were reported. On 2 February, ICRC issued a statement condemning the shelling of Puthukkudiyirppu Hospital for the second time. It has since been shelled on three further occasions.

2007

Palestine/Israel

85. Schools and hospitals continue to be attacked or occupied by both IDF and Palestinian armed groups, in some instances resulting in the killing or injury of children. …

Somalia

91. … Several hospitals, including the Al-Hayat and Al-Arafat hospitals, were also raided or attacked with mortar rockets in April and May 2007, disrupting medical services and forcing patient evacuations. More recently, on 18 August, mortar shells from fighting between the TFG and Ethiopian forces and insurgents hit the SOS Hospital in Mogadishu. Furthermore, it has been reported that Ethiopian forces occupied the Mohamoud Ahmed Ali secondary school for military purposes between April and July.

92. Incidents of mine and unexploded ordnance accidents resulting in deaths and injuries among children increased in 2007. Between January and June in southern Somalia, there were more than 28 landmine accidents, killing 8 children and wounding 10; and 33 incidents involving bombs or unexploded ordnance, killing 25 children and wounding 46. A particularly serious incident occurred on 6 July 2007 in central Mogadishu, where a piece of unexploded ordnance exploded, killing eight people, including five children.

Sri Lanka
131. Hospitals have also been damaged during SLA operations in the reporting period. On 18 October 2006, the Gramodaya Health Centre in Vaharai was damaged by SLA shelling, and the Centre was used by SLA from January to the end of July 2007. The Special Task Forces of the Government of Sri Lanka have also been utilizing a maternity ward and on-call duty room at a hospital in Batticaloa since July 2007. On 14 July 2007, SLA shelling damaged the maternity section and outpatient department of a hospital in north Vavuniya.

2006
Iraq
131. Hospitals have also been damaged during SLA operations in the reporting period. On 18 October 2006, the Gramodaya Health Centre in Vaharai was damaged by SLA shelling, and the Centre was used by SLA from January to the end of July 2007. The Special Task Forces of the Government of Sri Lanka have also been utilizing a maternity ward and on-call duty room at a hospital in Batticaloa since July 2007. On 14 July 2007, SLA shelling damaged the maternity section and outpatient department of a hospital in north Vavuniya.

Lebanon and Israel
50. During the conflict, indiscriminate Hezbollah rocket attacks in northern Israel killed seven children. A large number of civilians in northern Israel, including a significant proportion of children, were also displaced, having sought safety further south or spent lengthy amounts of time in crowded shelters. Further, the Hezbollah rocket attacks also damaged and destroyed at least 6,000 homes as well as over 30 schools and day-care centres. Four Israeli hospitals also incurred serious damage. On 18 July 2006, a rocket hit a hospital in Safed, northern Galilee, wounding eight people.

51. The war also caused extensive damage to schools and hospitals in Lebanon. In Baalbek, the main hospital, with an estimated population of 80,000, was reportedly severely damaged during ground and air military operations in north-east Lebanon. In southern Lebanon, Ghandour hospital in Nabatiyeh was also extensively damaged. All hospitals in the affected areas are also encountering serious shortages of drugs, fuel, electricity and water supplies…

Occupied Palestine Territory and Israel
66. Recent incursions and shelling as well as direct military attacks have damaged schools and health facilities. Restricted access to health-care providers has resulted in the serious deterioration of health and health services and, consequently, the health status of Palestinian children in the Occupied Palestinian Territory, including East Jerusalem. For example, on 2 July 2006, in the West Bank, the Israel Defense Forces forcibly entered four Palestinian hospitals in search and detain operations, and, during one of the operations, in Nablus City, the hospital premises were used as cover by the Israel Defense Forces to fire live ammunition; while on 17 July 2006, Israel Defense Forces bulldozers demolished the boundary walls of the clinic operated by the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) in Beit Hanun, Gaza…

67. The Barrier and its associated regime, such as the Seam Zone permit system, and

checkpoints, which restrict the freedom of movement of Palestinians, has deepened concerns about Palestinian access to medical services and schools within the West Bank, including East Jerusalem, and between East Jerusalem and the rest of the West Bank. For example, the East Jerusalem's Augusta Victoria Hospital, which serves West Bank Palestinians, had the number of beds reduced owing to a decrease in patient numbers by 30 per cent, resulting from the Barrier and associated restrictions on the movement of people. Similarly, most students and teachers who are living behind the Barrier face long delays, resulting in regular missed classes and longer commutes to schools.

Somalia

72. In May 2006, armed Somali fighters from ARPCT occupied a major Mogadishu hospital run by ICRC and the Somali Red Crescent Society, in a clear violation of international humanitarian law. Humanitarian access in Somalia remains critical, in particular to the large vulnerable population in the southern and central region, including Mogadishu, Lower and Middle Shabelle and Hiran, which faces severe food shortages or are internally displaced. The political tension, which has escalated since June 2006 after ICU took control of these areas, continues to pose serious security and access concerns.

2005 Report

Democratic Republic of Congo

22. Although the level of conflict has decreased since the establishment of the Transitional Government, there have been incidents where schools, hospitals and nutritional centres have been pillaged and attacked, notably in South Kivu by Nkunda and Mutebutsi's armed group in June 2004. The resumption of the conflict in North Kivu in December has caused more than 150,000 people to flee their villages. Although the exact number of children is unknown, it is likely that they constitute a significant proportion of the total. Reports were received of a massacre — primarily of women and children — allegedly carried out by ex-RCD-Goma rebels in Nyabiondo on 18 and 19 December in revenge for an attack by ex- Mai-Mai in the same area. MONUC is also looking into reports of killings and abductions by ex-RCD-Goma as they marched from Walikale to Masisi. It confirmed one killing by ex-RCD-Goma in Buramba (North Kivu). Reports of killings of children by Mai-Mai, FDLR, FNI and FAPC were also received over the past year. Eight children were killed by FNI, in Lengabo (Ituri) in September 2004.

Iraq

33. Because of security concerns it has not been possible to make a comprehensive United Nations assessment on the situation of children in Iraq. However, numerous other sources have established that many children have been killed or maimed as a consequence of the violence there. Numerous children were killed or injured during air bombings and other military operations carried out by Coalition/multinational forces and Iraqi forces in urban centres. In some cases, access to hospitals was hindered by such military operations. Children were also the victims of numerous attacks by armed groups. The Iraqi Ministry of Health reported that approximately 125 children had died throughout Iraq as a result of military acts between April and August 2004. Children are also among the many Iraqis abducted for ransom by Iraqi armed groups.

34. Threats to children posed by unexploded ordnance, landmines and other live ammunition within Iraq persisted throughout 2004; in Baghdad alone, there were an estimated 800 hazardous sites, the majority containing cluster bombs and caches of dumped ammunition.

35. The unstable security situation in 2004 not only severely constrained the reconstruction of health and educational infrastructure, but resulted in attacks on schoolchildren, schools and hospitals.