



ASSESSMENT REPORT

# MINE VICTIM ASSISTANCE NEEDS

**DRC** DANISH  
REFUGEE  
COUNCIL

**DDG** DANISH  
DEMINEING  
GROUP

unicef 



The Report has been prepared by the Danish Refugee Council-Danish Demining Group (DRC-DDG) in Ukraine with the support of the United Nations Children's Fund (UNICEF). The information contained in this report was obtained and analysed in good faith and is accurate to the best of DRC-DDG's knowledge. Conclusions and opinions expressed in this report do not necessarily reflect the official position of UNICEF.

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## ABOUT THE ORGANIZATIONS

The Danish Refugee Council (DRC) is an international humanitarian non-governmental and non-profit organization operating in 35 countries. DRC's mandate includes the implementation of protection programmes, assistance, and promotion of long-term solutions for refugees and internally displaced persons as well as other population groups affected by conflicts or natural disasters.

The DRC has operated in Ukraine since June 2007. In January 2013, the programme for the protection of refugees and asylum-seekers and strengthening of government and civil society capacities ended. In 2014, the DRC returned to Ukraine to provide immediate support to internally displaced people and affected civilians in eastern Ukraine. The DRC headquarters in Ukraine are located in Kyiv. Program offices are located in Mariupol, Sloviansk, Severodonetsk and Berdyansk.

DDG is a specialist unit operating within DRC to protect civilians from the harmful effects of landmines and other explosive remnants of war (ERW).

DDG has been operating in Ukraine since November 2014, with operations focussed in the east of the country.

The United Nations Children's Fund (UNICEF) works across 190 countries and territories to reach the children and young people who are most at risk and most in need. We work to save their lives. To protect their rights. To keep them safe from harm. To give them a childhood in which they are protected, healthy, and educated. To give them a fair chance to fulfil their potential, so that someday, they can build a better world.

UNICEF opened its office in Kyiv in 1997. Over the years, UNICEF has supported the Government of Ukraine to develop health, water and sanitation, education and protection programmes for children.

Since the beginning of the conflict in eastern Ukraine, UNICEF works to fulfill the core commitments for children in humanitarian action, including access to education, psychosocial support, water and sanitation, mine risk education, maternal and child health and HIV and AIDS services.

This publication was produced with the financial support of the German Government. Its contents do not necessarily reflect the views of the German Government.





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## LIST OF ACRONYMS

**CAS** Child Affairs Services

**CIMIC** Civil-Military Cooperation Group

**DDG** Danish Demining Group

**DOE** Department of Education

**DOH** Department of Health

**DOSP** Department of Social Protection

**DRC** Danish Refugee Council

**ERW** Explosive Remnants of War

**GCA** Government-controlled Area

**ICRC** International Committee of the Red Cross

**IED** Improvised Explosive Device

**MOD** Ministry of Defence

**MOE** Ministry of Education

**MOH** Ministry of Health

**MOIA** Ministry of Internal Affairs

**MTOT** Ministry of Temporarily Occupied Territories and Internally Displaced Persons

**NGCA** Non-government-controlled Area

**NGO** Non-governmental Organization

**OSCE** Organization for Security and Co-operation in Europe

**SES** State Emergency Service

**UNICEF** United Nations Children's Fund

**UXO** Unexploded Ordnance

**WHO** World Health Organization

# EXECUTIVE SUMMARY

As a direct result of the ongoing conflict in eastern Ukraine, large swathes of the Donbas region, on both sides of the ‘contact line’, have become contaminated with landmines and explosive remnants of war (ERW). The number and frequency of civilian casualties as a result of this contamination has propelled Ukraine into the unenviable position of one of the most mine-affected countries in the world.

Concerted efforts, albeit relatively modest, are now being directed towards the issue of explosive hazard contamination, as it continues to climb higher on the agenda of the Government of Ukraine. The rising prominence of the landmine issue has been underscored lately by the passing of specific legislation on mine action (Law 9080/01 of 6 December 2018) as well as an official request by the Government of Ukraine for an extension to the deadline by which it must meet its obligations under the Anti-Personnel Landmine Ban Treaty (Ottawa Treaty).

Whilst the mine action sector is gathering momentum in terms of funding for risk education programmes and clearance operations, a key area that is currently being overlooked by the government and the donor community alike is that of mine victim assistance.

This preliminary needs assessment covers mine victim assistance in Ukraine. It focuses mainly on child victims and is a synthesis of primary data, reports, and key informant interviews collected from field level through to government level, coming directly from victims of mines/ERW themselves, social services, government administrations at district and regional level and national / international NGOs. The assessment was conducted between September and November 2018 in government-controlled areas of Donetsk and Luhansk oblasts, and in Kyiv.

The assessment was supported by UNICEF and the Government of Germany and conducted by the Danish Refugee Council — Danish Demining Group (DRC-DDG). It was made possible by:

- The willingness and help of families of child mine/ERW survivors, who shared their life stories and experience;

- The work of DRC-DDG interviewers, who travelled long distances to find the survivors and communicated with the families of child mine/ERW survivors with care and empathy; and
- The support received from the authorities, NGOs and volunteers at state, regional and local levels who helped to identify the survivors and facilitate referrals.

The findings of this assessment point to gaps across the all the key areas of mine victim assistance as defined in the United Nations Policy on Victim Assistance in Mine Action.

Common themes present themselves throughout the analysis, such as a clear and urgent need for a centralized and standardized system for the collection, maintenance and analysis of data on mine victims, as well as a need for a more co-ordinated and less bureaucratic system of treatment for victims, from the moment of the accident through to final recovery.

By first collecting and analysing data from existing child mine/ERW victims in Ukraine and then evaluating the environment for victim assistance by examining the services available and interacting directly with relevant ministries and stakeholders, DRC-DDG was able to arrive at a number of conclusions and recommendations formed from the exercise, to a level of detail and thoroughness that does not appear to have been previously been made on the topic in Ukraine.

While certain limitations are recognized within the report (mainly arising from time, resources and the necessity to focus mainly on child victims), DRC-DDG is confident that this assessment provides a good overall picture of the current state of the mine/ERW victim assistance environment within Ukraine, as well as areas for its development and expansion.



# INTRODUCTION

The objective of the report is to present the current situation of child mine/ERW survivors and their families in terms of their path from accident to recovery, and to identify the outstanding needs in this process. In parallel, the report shows the capacity of governmental and non-governmental structures to provide support to child mine/ERW survivors.

The assessment aims to identify how current programming in Ukraine can best address needs, according to the mine victim assistance pillars identified in international best practice.

The results of this needs assessment will inform the development of further steps in mine victim assistance programming in Ukraine and provide recommendations for eliminating gaps and strengthening existing capacities.

To implement this needs assessment of child mine/ERW victims and to prepare the report, DRC-DDG was guided by International Mine Action Standards, the United Nations Policy on Victim Assistance in Mine Action, and Assistance to Victims of Land Mines and Explosive Remnants of War: Guidance on Child Focused Victim Assistance (UNICEF).



According to the United Nations Policy on Victim Assistance in Mine Action, Mine Victim Assistance is based on the following six spheres:

- A Data collection, including contextual analysis and a needs assessment, as a starting point, to understand the extent of the problem and anticipated challenges in addressing it;
- B Emergency and continuing medical care, including emergency first aid to the victim of the explosion and ongoing medical care other than physical rehabilitation;
- C Physical and other rehabilitation, including physiotherapy, as well as assistive and mobility devices;
- D Psychological and psychosocial support;
- E Social and economic inclusion, inclusive education, as well as access to basic services and disability awareness; and
- F Establishment, enforcement and implementation of relevant laws and public policies.

It is important to acknowledge that the policy emphasizes a comprehensive approach to mine victim assistance, enabling victims to realize their human rights. The above-mentioned spheres should not be seen as separate sets of actions. They form the basis for a holistic and integrated approach to realization of the human rights of mine/ERW victims.

In the context of the United Nations Policy on Mine Action, the term “victim” refers to a “person who has suffered physical, emotional and psychological injury, economic loss or substantial impairment of his or her fundamental rights through acts or omissions related to the use of mines or the presence of ERW”. Victims include directly impacted individuals (including persons injured and killed); their families; and communities affected by mines, ERW, cluster munitions or improvised explosive devices (IEDs) following conflict. The term “survivor” refers to a “person who was harmed or injured as a result of a mine, ERW, cluster munition or IED accident and has survived the accident”.<sup>1</sup>

<sup>1</sup> UN Policy on Victim Assistance in Mine Action (2016)

## BACKGROUND

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The issue of contamination from explosive remnants of war (ERW) is not new to Ukraine. Since World War II, which saw large swathes of Ukraine fought over, Ukrainian police, military and civil defence units have consistently been engaged in clearing the remnants of war in order to protect the lives of civilians from unexploded and potentially unstable ordnance.

However, Ukrainians now face an additional threat: one which has come about as a result of recent hostilities in the east of the county and which involves decidedly more modern and more powerful weapons of war. Large areas of the Donbas region are now contaminated by the explosive remnants of a more recent conflict, including landmines, which are understood to have been laid on an industrial scale during the fighting of the last four years, placing Ukraine amongst the most mine-affected countries in the world, alongside countries such as Afghanistan, Syria and Iraq.

Owing to the evolution of their design and manufacture, modern landmines (as well as items such as grenades that can effectively be deployed as victim-operated devices through the use of tripwires, for example) are able to remain in position and functional for decades, posing a threat to the lives of civilians long after fighting may have ceased in these areas. Ukraine is now realizing the devastating effects of such weapons with over 1,500 casualties of landmines and unexploded ordnance (UXO) recorded since the beginning of the current conflict in 2014. With the conflict now having entered a low-intensity phase, casualties arising from landmines/UXO are now regularly greater than those as a result of direct conflict. Ironically, as the intensity of the conflict further de-escalates and displaced persons are able to return to their former places of residence in higher numbers, DRC-DDG fully expects the casualty rates from landmines/UXO to increase.

Since the start of the conflict, between June 2014 and October 2018, a total of 827 mine/explosive remnants of war (ERW) accidents were recorded by DDG from open sources. Of the 1,582 casualties, 119 were children (73 mine/ERW accidents), of whom 105 child victims (64 accidents) were

in Luhansk and Donetsk oblasts (65 per cent in non-government-controlled areas).

The clearance of landmines and UXO is a resource-heavy, intensive and painstaking process requiring the mobilization of significant amounts of funding, machinery and human capital. It is imperative, therefore, that while clearance efforts are underway, parallel support should be provided for those who continue to suffer the consequences of landmines/UXO, specifically those who receive grievous injuries through no fault of their own and must suffer the consequences for the rest of their lives.

'Victim assistance' (VA) therefore is recognized in international best practice as one of the five core activities or 'pillars' that should be pursued and developed by the governments of countries that are affected by landmine/UXO contamination, in proportion to the scale of the problem.

Governments of affected countries should maintain clear visibility on how landmines/UXO are affecting the population, and make every effort to compensate civilians for damages sustained as a result of contamination. Furthermore, governments that have committed to the International Anti-Personnel Mine Ban Treaty, such as the Government of Ukraine, are all the more obliged to maintain visibility on issues pertaining to landmine contamination and progress towards compliance with treaty obligations, including commitments to clear all known contaminated lands as well as to appropriately care for individuals that suffer as a result of mines.

While the mine action sector in Ukraine is still in the early stages of development, DRC-DDG and UNICEF intend to support the Government and accelerate progress towards adoption of international standards across key areas, including, crucially, mine victim assistance. By working to identify the needs, gaps and opportunities for further development within mine victim assistance, DRC-DDG and UNICEF aim to work with the Government and international community to bring a wider and higher standard of care to those who need it the most.



## SETTING THE CONTEXT: KEY DATA

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- Ukraine ranks among the most severely affected places in the world for casualties as a result of landmines and other explosive remnants of war (ERW) after two world wars and the continuing conflict in the east.<sup>2</sup>
- Landmines, ERWs and unexploded ordnance (UXO) were the leading cause of conflict-related child casualties in Ukraine in 2017, accounting for about two-thirds of all recorded deaths and injuries and leaving many children with lifelong disabilities.
- Ukraine signed the Mine Ban Treaty on 24 February 1999 and ratified it on 27 December 2005, becoming a State Party on 1 June 2006.
- The Ministry of Education and Science has developed and approved the Concept of the 'New Ukrainian School', a strategy for reforming secondary education by 2029.
- Ukraine is yet to endorse the Safe Schools Declaration: the Ministry of Education and Science in Ukraine has communicated plans to submit relevant documentation to the Cabinet of Ministers to proceed.
- As of 2017, only 2.5 per cent of the total health budget is dedicated to mental health, and the majority of this funding (89 per cent) goes toward inpatient mental health care.<sup>3</sup>
- Most people with common mental disorders (up to 75 per cent) do not access adequate mental health care. Stigma and discrimination, fear of having a public record, and availability of services are major barriers.<sup>4</sup>
- The Government has adopted the 'National Action Plan for Implementation of the Convention on the Rights of Persons with Disabilities' for the period until 2020. Harmonization of national legislation with European human rights standards is in process.
- Ukraine signed the Convention on the Rights of Persons with Disabilities on 24 September 2008 and ratified it on 4 February 2010.

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<sup>2</sup> Landmine Monitor 2017

<sup>3</sup> Mental health in transition Report, World Bank Group, 2017

<sup>4</sup> Mental health in transition Report, World Bank Group, 2017

# METHODOLOGY

## Tools and data collection

In order to provide an overview of the current situation of child mine/ERW victims, their families, existing needs, access to services in conflict-affected areas, existing service providers, legislative frameworks and mechanisms for mine victim assistance in Ukraine and gaps in covering child mine/ERW victims' needs, a combination of quantitative and qualitative methods was used.

The needs assessment includes both primary and secondary data sources. Primary data was collected directly at community level by DRC-DDG (key informant interviews and households interviews). Secondary data was derived from other sources, such as the DDG mine action database and reports, institutional and governmental sources (laws, resolutions, orders and so on), as well as a comprehensive desk review of existing material produced by other humanitarian actors. In order to achieve wide coverage, DRC-DDG consulted and collaborated with a wide range of other actors.

## Quantitative data collection tools

A questionnaire was developed to collect quantitative data through household (HH) interviews. It was partly based on questionnaires developed by humanitarian agencies and used to assess the needs and situation of mine victims in Azerbaijan, Mozambique and Myanmar. The questionnaire was finalized and validated based on input from the MEAL department of DRC-DDG Ukraine. It was then used in personal interviews with respondents.

Data disaggregation (age, sex, location and so on) were taken into account when developing methods for data collection and recording.

Team members were trained before the start of the assessment on interviewing techniques, ethics, disability and victims' issues, rules and practical application of the questionnaire. Household interviews were carried out in the preferred language of the respondents (Ukrainian or Russian).

## Qualitative data collection tools

In order to measure the level of inclusion of child mine/ERW victims and their families, other actors in the community, including public and private institutions (local NGOs and local authorities) as well as service providers (hospitals, schools and social services) were interviewed. Key informant interviews (KIIs) focused on the six elements of mine victim assistance.

A questionnaire was designed to collect qualitative data through KIIs. It was finalized with a review by the MEAL department. All notes during KIIs were recorded in a reporting format for further analysis.

DRC-DDG conducted meetings at national level with the Ministry of Temporarily Occupied Territories and IDPs of Ukraine (MTOT), the Ministry of Social Policy (MSP), the Ministry of Health (MoH), the Ministry of Education (MoE), the State Service for War Veterans' Affairs, the Commissioner for Observance of the Human Rights of the Verkhovna Rada (Ombudsman), the State Emergency Service of Ukraine and two national experts on child protection. In Luhansk and Donetsk, district level meetings were held with the Child Affairs Services (CAS); the Department of Civil Protection, the Centre for Social Services for Families, Children and Youth; the Department of Education; the Department of Health; the National Police; the Juvenile Police; Lysychansk Children's Hospital, Department Head of State Emergency Service in Donetsk Oblast; and the Department of Social Protection. At the local level, meetings were held with the Social Protection Unit in Volnovakha Rayon, Stanichno-Luhanska Rayon Administration, Svatovo Rayon Hospital, Mykolske Child Affairs Service, Mykolske Village Council, Zlatoustivka Village Council, Krasnohorivka Village Council, Zorya Village Council, the Inclusive Resource Centre in Volnovakha, Volnovakha Rayon Rehabilitation Centre for Children with Disabilities, Kurahove Town Hospital, Krasnohorivka Hospital, the School in Zlatoustivka, the School in Hranitne, and the School in Berestove. Other stakeholders met included local NGOs (Proliska, Rinat Akhmetov Foundation and Divis Certsem), international NGOs (Save the Children, SOS Children's Villages), and international entities (ICRC, the United Nations Education Cluster, WHO and the OSCE).

## Geographical area of assessment

The needs assessment of child mine/ERW survivors (HH interviews) was implemented in government-controlled areas of Donetsk and Luhansk oblasts. These two areas were selected because they are in very close proximity to the 'contact line'/military conflict, and therefore are amongst the most heavily impacted territories with the highest number of mine/ERW accidents.

### Within each oblast the following locations were selected:

**Donetsk Oblast:** Mykolskyi, Volnovakhskyi, Maryinskyi, Kostiantynivskyi and Bahmutskyi Districts.

**Luhansk Oblast:** Stanychno-Luhanskyi, Popasnyanskyi, Bilovodskyi and Svativskyi Districts.

The selection of districts was based on history of mine/ERW contamination and programme planning criteria, such as good access and safety.

Kills were carried out in Kyiv and districts of Donetsk and Luhansk oblasts where HH interviews were conducted.

## Population and sample size

The specific target population was child mine/ERW accident survivors and their caregivers.

The sample size for household interviews was based on the assumption that the number of child mine/ERW survivors interviews was representative of the overall number of survivors in the two oblasts selected for the assessment. At least 50 per cent of HHs in the study area with mine/ERW survivors were visited.

### Sampling criteria:

- Child mine/ERW victims were identified based on snowball sampling/chain referral sampling methods. Various actors were asked to identify child mine/ERW victims, including community leaders, local community members, service providers, governmental and non-governmental organizations, and families of child mine/ERW victims themselves. The chief research population comprised 15 households, including 16 child mine/ERW survivors and one adult mine/ERW survivor who was 17 years old at the time of the mine accident and 21 years old at the time of interview.
- The sample size of stakeholders was identified by the number of acting service providers at three levels: country, oblast and local, taking into account the six victim assistance pillars. In total, 52 stakeholders were covered by the assessment.

## Data analysis

Secondary analysis/desk review was conducted as part of the data analysis after all the data had been compiled. This was an integral part of a situational analysis, and was followed by analysis of the primary data (assessment of results). Statistical analysis was conducted of the quantitative data gathered (graphs and charts to visualize numbers) coupled with qualitative analysis of the interviews conducted to identify clear needs, thematic issues and available resources/services. The use of mixed data collection techniques allowed for the triangulation of information sources and provided valuable insights and inferences from the statistics.

The data analysis aimed to correspond to the objective of the needs assessment: to obtain a comprehensive picture of mine victims' problems in order to guide the planning and development of future interventions, and answer the key questions:

- What are the most urgent needs of mine victims?
- Which assistance/services are provided and by whom?
- What data on mine victims are available?
- What are the gaps and areas for improvement in the current context?
- What are the most appropriate ways/tools to bridge the gaps?

The DRC-DDG team developed an analysis matrix, organizing the assessment questions and identifying indicators that would help address the questions and indicate potential data sources, forming the basis for data analysis. Needs analysis involved a logical accumulation of facts in terms of the communities' expressed needs and existing provision of facilities and services. Due to time constraints, this was followed by a group working session in which staff members identified ways to incorporate the data into this report.

## Principles and ethics

### During planning, implementation and reporting, DRC-DDG ensured the following principles:

- Participatory approach: participants and stakeholders have access to the assessment findings.
- The 'Do No Harm' principle is strictly adhered to in all situations.

The intended benefit to the assessment participants was balanced against the risks involved in conducting the assessments. This includes interviewers being mindful of potential trauma to the informants; the likely unintended consequences of participation for informants; confidentiality in the space of consultation; and the length of time for consultation.

### Additionally, DRC-DDG followed enumerator ethics:

- At the start of each interview, the assessment team explained the purpose of the assessment and asked for the consent of the respondent. An informed consent form was obtained by DRC-DDG's enumerator team. The families of child mine/ERW survivors who took part in HH interviews had the right to refuse to participate or to choose to discontinue the interview at any time.
- Expectations of receiving any kind of assistance due to participating in the assessment were carefully managed by the team. The enumerator team emphasized during the assessment that participation would not result in immediate benefits, but rather that the responses would allow for the development of a child mine/ERW victim assistance response to benefit mine/ERW victims in general.

# LIMITATIONS

This section outlines the challenges that the evaluation team encountered.

## Limited timeframe

The needs assessment timeframe was just three months, making it challenging to secure interviews with families and stakeholders located in the two oblasts and Kyiv (for the country level KIIs with government representatives). As a result, the data collection period overlapped partially with the analysis and report writing phase. However, the analytical approach described above enabled the team to ensure a robust and documented process from interviews to findings and conclusions.

It is important to note that this is not an in-depth needs assessment due to the short timeframe for conducting the assessment. To receive a more comprehensive picture of the needs and capabilities of mine/ERW survivors and their families, a thorough analysis against mine victim assistance elements should be conducted. See the 'Recommendations' section for further discussion.

## Geographical spread

The team had intended to be able to conduct more household interviews with mine/ERW survivors. However, because of time limitations, security challenges, the small size of the team, the very large area to cover, and the logistical challenges of travelling in conflict-affected areas, the team was only able to meet 15 Families of child mine/ERW survivors. This limitation had to be accepted within the scope of the assessment.

## Availability of data

Due to the absence of an existing data base containing the requisite details child mine/ERW victims, DRC-DDG faced difficulties identifying child mine/ERW survivors. DRC-DDG requested information about the children from Child Affairs Services and Centres of Social Services in Donetsk and Luhansk oblasts. However, the information provided was often mixed with all conflict-related accidents (including shooting and shelling). DRC-DDG used its own internal mine/ERW statistics and database to map all known cases of child mine/ERW accidents and casualties, ultimately having to investigate and verify each case from a number of sources: this took considerable time and additional effort.

## Quality of data

The human factor plays a key role in terms of information received and findings in this report. DRC-DDG faced a number of confusions due to contradiction of information provided by the representatives of certain main stakeholders. At the time of drafting this report, DRC-DDG is continuing to identify and cross-check points of contradictory data.

## Demographic limitations

The assessment only targeted child mine/ERW survivors, though a number child mine/ERW survivors had already reached adulthood at the time of assessment. It is important to note that the vast majority of all mine/ERW victims are adult males (79 per cent).

## Limitations of scope

- The assessment did not include fatal casualties and the needs of their families. As a result, data from the families of the deceased did not inform the assessment on access to services (e.g. emergency care and psychological support).
- As explained above, the needs assessment had a small target group. Each case is individual and while DRC-DDG can make generalizations, making assumptions from such a limited sample size is problematic.
- DRC-DDG initially planned to analyse the rate of satisfaction with services received by child mine/ERW survivors and their families. However, when proceeding with the needs assessment, it was clear that currently, this is not feasible for several reasons. Generally, people have no means of comparison, having not previously received assistance under a victim assistance programme. If their child survived, there was a tendency for families to view this as adequate assistance (i.e. emergency assistance only), not being aware of their rights and entitlements to other types of assistance that could and should be available to such victims.

# KEY FINDINGS

## OVERVIEW

To arrive at the key findings, DRC-DDG conducted two lines of assessment in parallel. The first line involved the collection and analysis of concrete, primary data directly from child mine/ERW victims and their caregivers, whilst the second line of assessment aimed to achieve a full understanding of the wider situation with regard to existing stakeholders and service providers.

In order to gain an accurate understanding of the profile of child mine/ERW victims, DRC-DDG identified 39 cases of child mine/ERW casualties in Donetsk and Luhansk oblasts (18 and 21 casualties respectively), through a combination of open sources that were independently verified. Of these 39 casualties, DRC-DDG interviewed 17 victims, using the results for the analysis below. According to the information obtained by DRC-DDG, of the remaining 22 casualties identified, six had deceased as a result of their accidents, three were already over the age of 18, one had moved to another oblast and 12 were not interviewed by DRC-DDG due to the limitations outlined above.

The analysis of the primary data collected from the 17 child mine/ERW victims is intended first to form a profile of the child mine/ERW victims in terms of factors such as gender/age, geography and type of injury, and second to review the access, needs and barriers to the pillars of victim assistance as identified through interaction with the victims themselves.

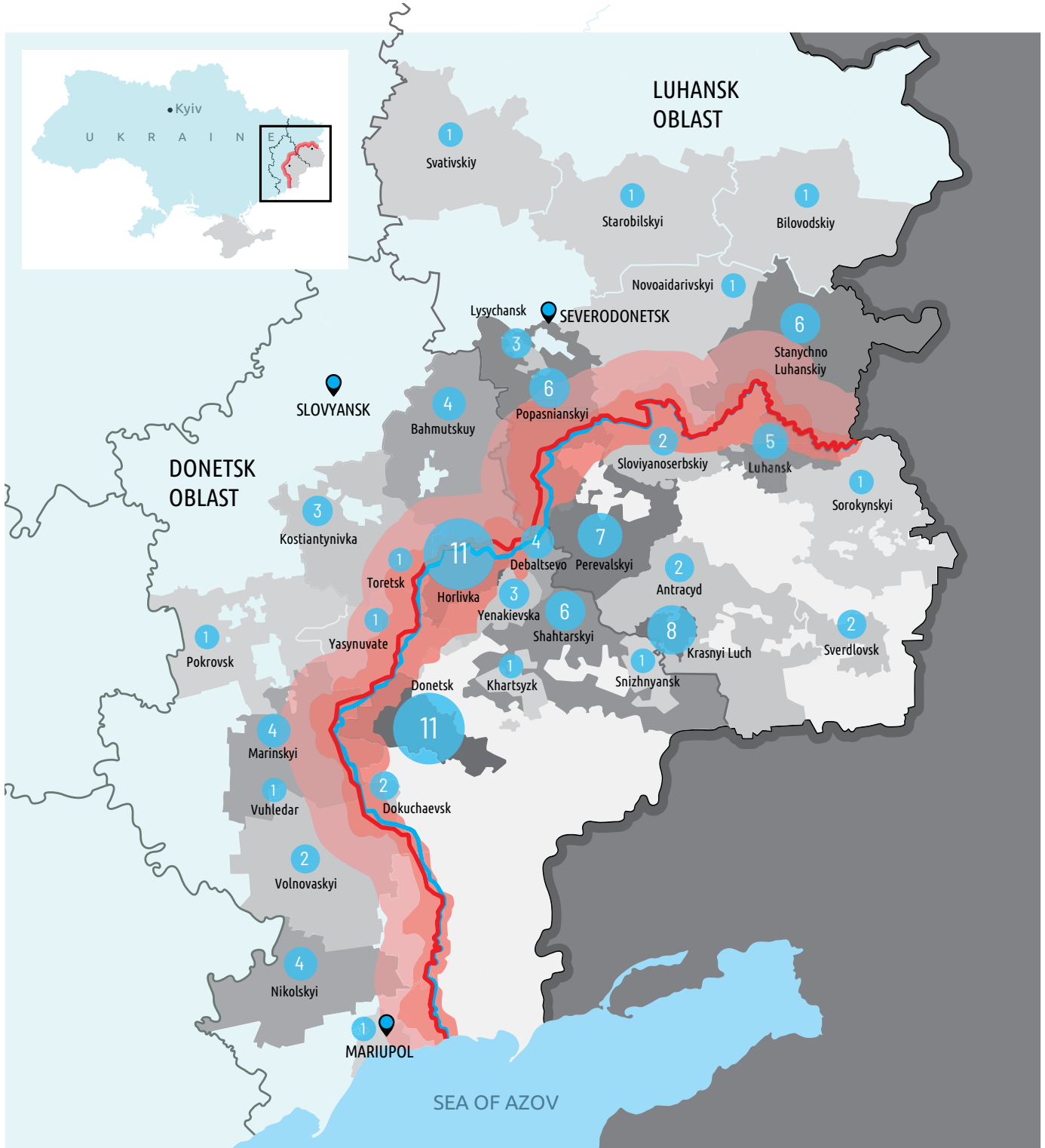
In parallel with the collection and analysis of the primary data from child victims, DRC-DDG conducted 52 key informant interviews with a wide variety of stakeholders, including government ministries, administrations (both local and regional), as well as local and international NGOs, arriving at an informed view of the services available, potential gaps and recommendations to cover unmet needs.



A stand in the school hallway in Hranitne. Half of the information materials are dedicated to mine risk education, exemplifying the importance that schools near the 'contact line' place on this issue.

Figure 1

**MAP OF DISTRICTS WHERE CHILD CASUALTIES OF MINE/ERW ACCIDENTS HAVE BEEN REPORTED**



<b>LEGEND</b>	Line of Contact — UA Control	Area of high concern	District with child casualties mine/ERW accidents
	Line of Contact — OAG Control	15 km Zone	Number of child victims
	Oblast boundary	Territory of Ukraine	DRC/DDG Office
	Non-Government Controlled Area (NGCA)		



The map and charts below are designed to provide a high-level overview of child mine/ERW survivors in terms of number, geography, age and gender according to all available data.

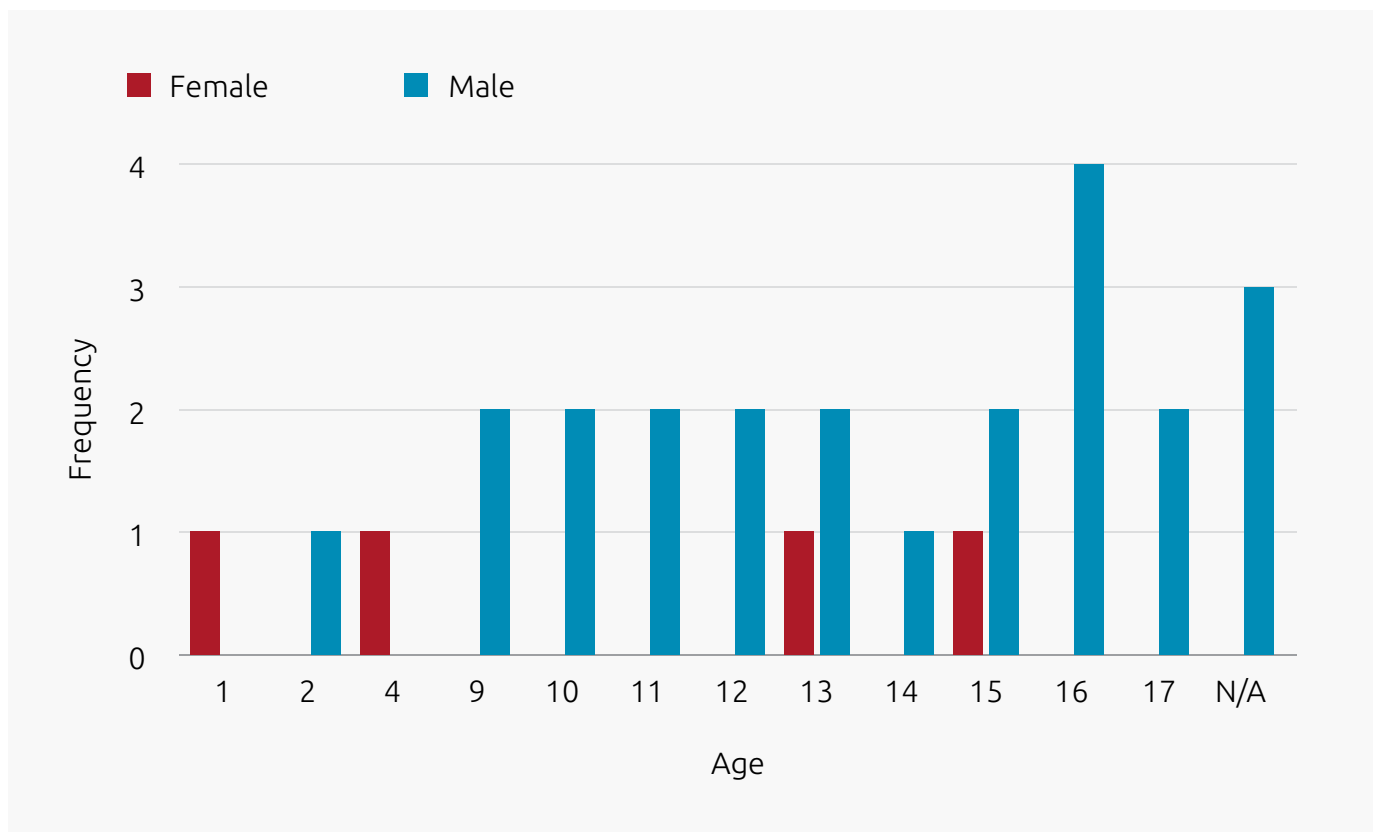
Figure 1 illustrates the location and total number of all known child mine/ERW victims since 2014 (both GCA and NGCA). Though most casualties are recorded in the NGCA, because of restricted access, the families of child mine/ERW survivors in this area could not be reached.

It is not uncommon, in both the GCA and the NGCA, for accidents to be recorded far from the 'contact line'. This is indicative of the danger posed from ordnance migrating away from the area in which it was intended to be used, either as a result of 'trophying' (children collecting

interesting items as trophies including from military training grounds), or possibly due to the illegal proliferation of arms and associated material.

Figure 2 illustrates how heavily casualty statistics amongst child mine/ERW victims are weighted towards males. This trend holds true when extending analysis to accident rates amongst adults. The data also illustrate a slight trend towards older, male children (from nine years old upwards) being the most at risk from suffering mine/ERW accidents.

**Figure 2**  
**Child mine/ERW victims by age and gender**



# ANALYSIS CHILD MINE/ERW SURVIVORS

The following section analyses primary data on child mine/ERW victims collected by DRC-DDG.

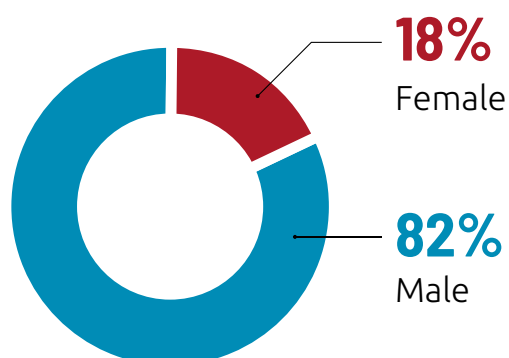
Of a total of 39 cases, DRC-DDG directly contacted 15 households for interviews, covering 17 child mine/ERW survivors in total; 12 families with one child mine/ERW survivor, two families that each had two child mine/ERW survivors and one family, in which a child mine/ERW survivor had turned 18 years old and a younger child had died in the same accident. One household interview was conducted with a family of a child who was injured as a result of small arms fire: the family was identified by the Child Affairs Service and invited for an interview with DRC-DDG. The interview was conducted but the results are not included in the statistics of mine/ERW cases.

## ANALYSIS BY AGE AND GENDER

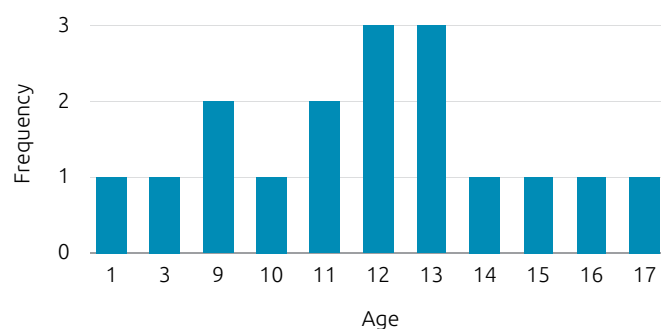
Of the total sample of child mine/ERW survivors assessed, most are male — 82 per cent (14 persons) with 18 per cent (3 persons) female. The youngest survivor identified in the assessment was a four-year-old girl and the oldest, a 16-year-old boy. DRC-DDG conducted one additional household interview with the mother of a boy who was 17 when the mine accident occurred in 2014 and is now an adult.

Like the general figures highlighted above, males account for the majority of accidents in the sample of 17 survivors assessed by DRC-DDG. The tendency for males to account for a disproportionate percentage of mine/ERW accidents is also generally consistent throughout mine/ERW contaminated countries where such data is systematically recorded and disaggregated. Worldwide, males accounted for 84 per cent of mine/ERW casualties in 2017.<sup>5</sup>

**Figure 3**  
Gender breakdown of assessed mine/ERW survivors



**Figure 4**  
Ages of assessed child mine/ERW survivors at the time of the accident

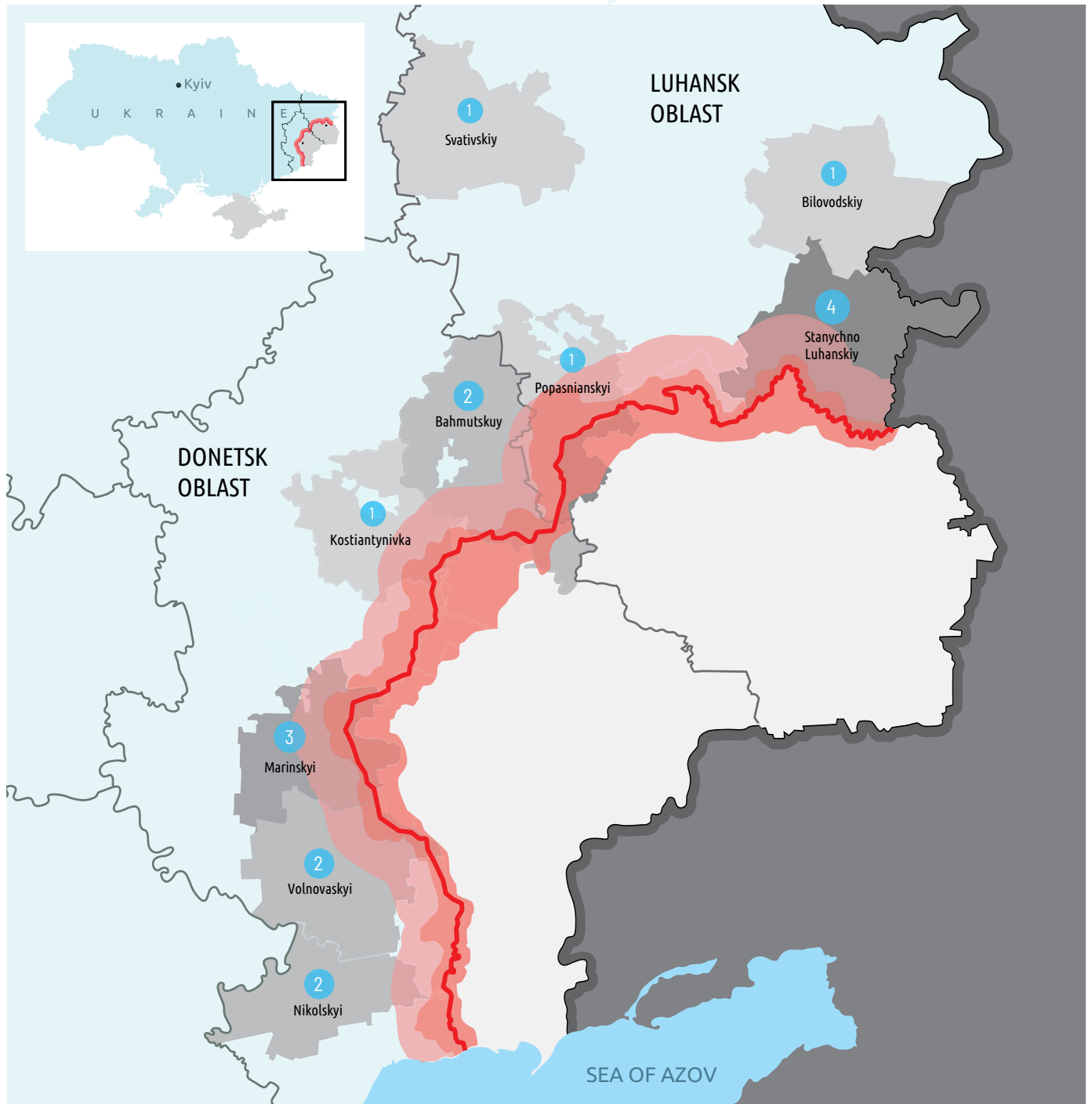


Of the total sample, most child mine/ERW survivors were aged between 9 and 13 years of age at the time of accident (all boys). The youngest survivors (two girls), were aged 1 and 3 years old at the time of the accident. As a point of interest, according to DDG internal statistics, during 2014-2018, children account for a significantly lower proportion of accidents (6 per cent) than adults (88 per cent) in Ukraine (for 6 per cent the age is unknown). Globally, in 2017, the casualties ratio was 47 per cent children and 53 per cent adults. There are likely to be a combination of explanations for this divergence in Ukraine from the global pattern. It is well known that the demography of buffer zone communities has shifted in recent years, owing to the displacement of younger more mobile civilians, particularly those with children, meaning that statistically speaking, it is less likely that a child will become a mine/ERW victim than an adult. Other factors such as occupation, location, socio-economic standing, behaviour and attitudes should also be considered. Each could be individually analysed in depth; however, it is beyond the scope of this report to do so.

# ANALYSIS BY GEOGRAPHY

Figure 5

## DISTRICTS WITH CHILD CASUALTIES FROM MINE/ERW ACCIDENTS (VISITED BY DRC-DDG)



- LEGEND**
- Line of Contact — UA Control
  - Oblast boundary
  - Area of high concern
  - 15 km Zone
  - Territory of Ukraine
  - Non-Government Controlled Area (NGCA)
  - District with child casualties mine/ERW accidents
  - 1 Number of child victims

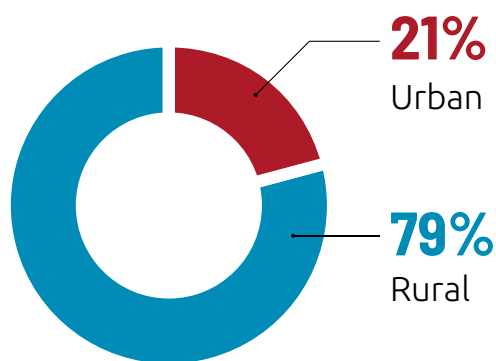


Figure 6  
Locations of the assessed accidents

Most of the assessed accidents were registered in rural areas of Donetsk and Luhansk Oblasts. The findings confirmed the perception that rural areas tend to have lower coverage of governmental services such as hospitals, police and social services, meaning that the population residing near the ‘contact line’ are both at higher risk of suffering mine/ERW accidents and have a lower prospect of receiving timely and high quality needs-based assistance.

The majority of casualties (15) resulted from picking up, tampering with, handling or playing with ERW. The children found the ERW or unidentified explosive devices during their free time. At least ten children brought an item home either to play with or to deconstruct or make a memorable object (e.g. an amulet).

## ANALYSIS BY TYPE OF ITEM AND CAUSE OF ACCIDENT

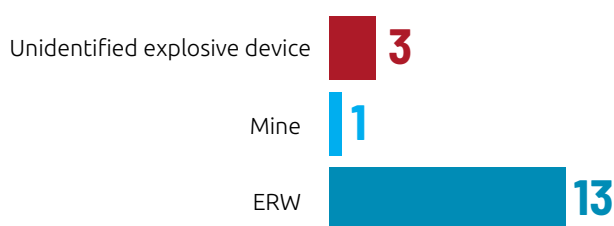


Figure 7  
Type of accident

Taken together, the figures above illustrate that the trend, particularly among children, is for accidents to be caused by ERW, rather than landmines. Furthermore, accidents are not generally caused by inadvertent contact with such devices, but rather by children actively disturbing or otherwise handling ERW. This would indicate that there is a need for more widespread risk education campaigns (only 42 per cent of victims had received mine risk education prior to their accident), or that such risk education does not manage to penetrate the consciousness of children enough for them to modify their behaviour and/or attitudes towards the risks associated with handling or disturbing ERW.

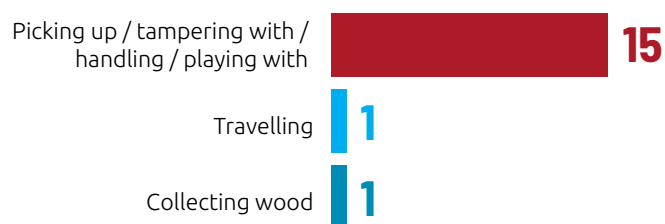
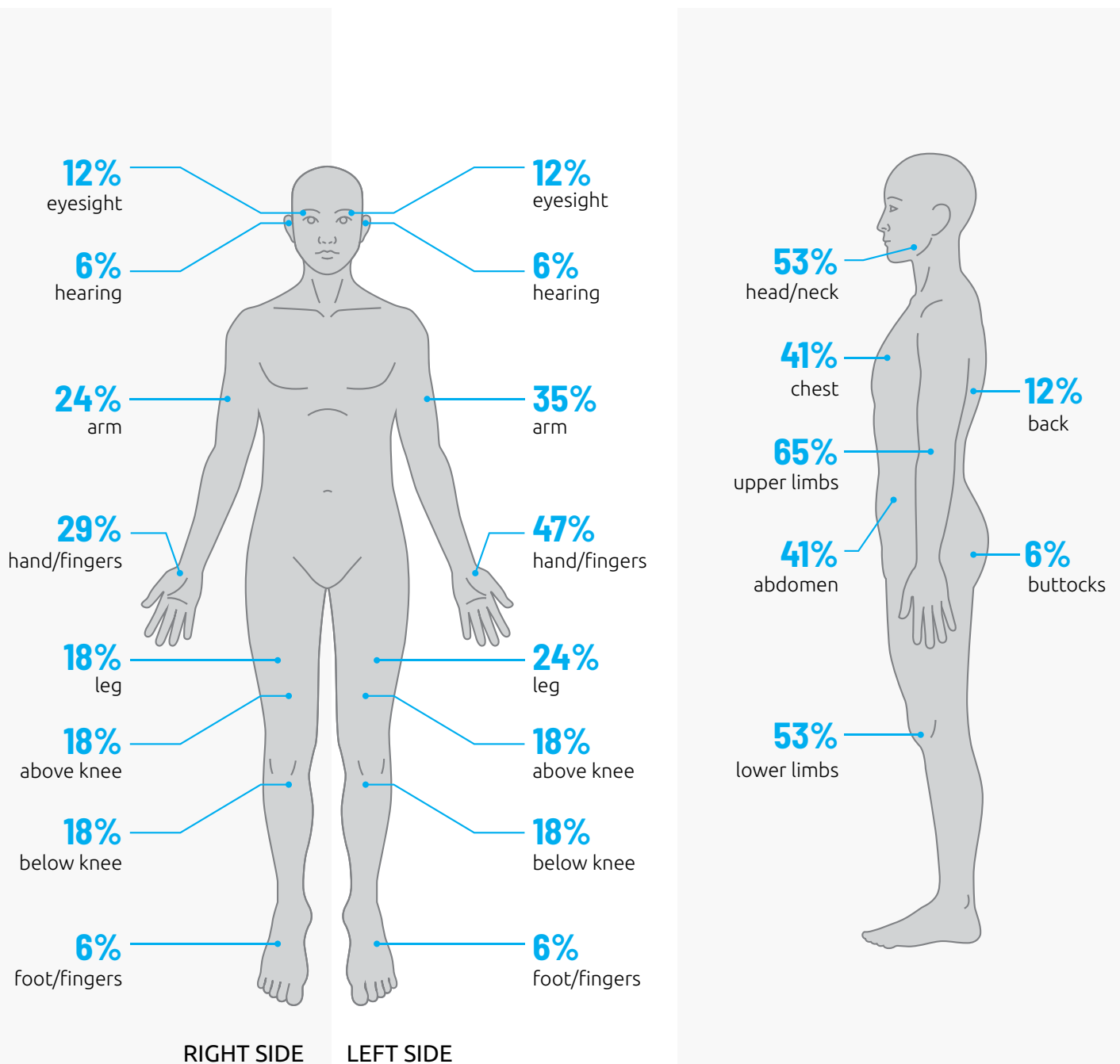


Figure 8  
Activity during accident

## ANALYSIS BY TYPE OF INJURY

Of all the injuries received by child mine/ERW survivors assessed by DRC-DDG, injuries of upper limbs (65 per cent), lower limbs (53 per cent) and head/neck (53 per cent) prevail. Of the 17 assessed survivors, one person received no physical injuries but (as reported by the mother) psychological trauma.

Figure 9 Type of injuries



In terms of the physical impact of the accident, scars (82 per cent), shrapnel in the body (71 per cent) and amputations of fingers (24 per cent) and hands (18 per cent) prevail. All six cases of amputation arising from the accidents were accounted for by boys.

Examining the trend in types of injuries received by those surveyed, it is clear that several types of specialist medical assistance will be required by the victims, both in the present and the future. Complications arising from traumatic

amputation; loss of mobility, vision and hearing and other physical injuries, particularly embedded shrapnel, all require significant and usually ongoing specialist medical attention.

It is a sad fact that Ukraine has not yet suffered its last mine/ERW casualty. There will likely be a steady flow of casualties for years to come as clearance efforts are ongoing. Understanding the types of medical assistance most likely required in anticipation of this will help ensure that adequate support is in place.

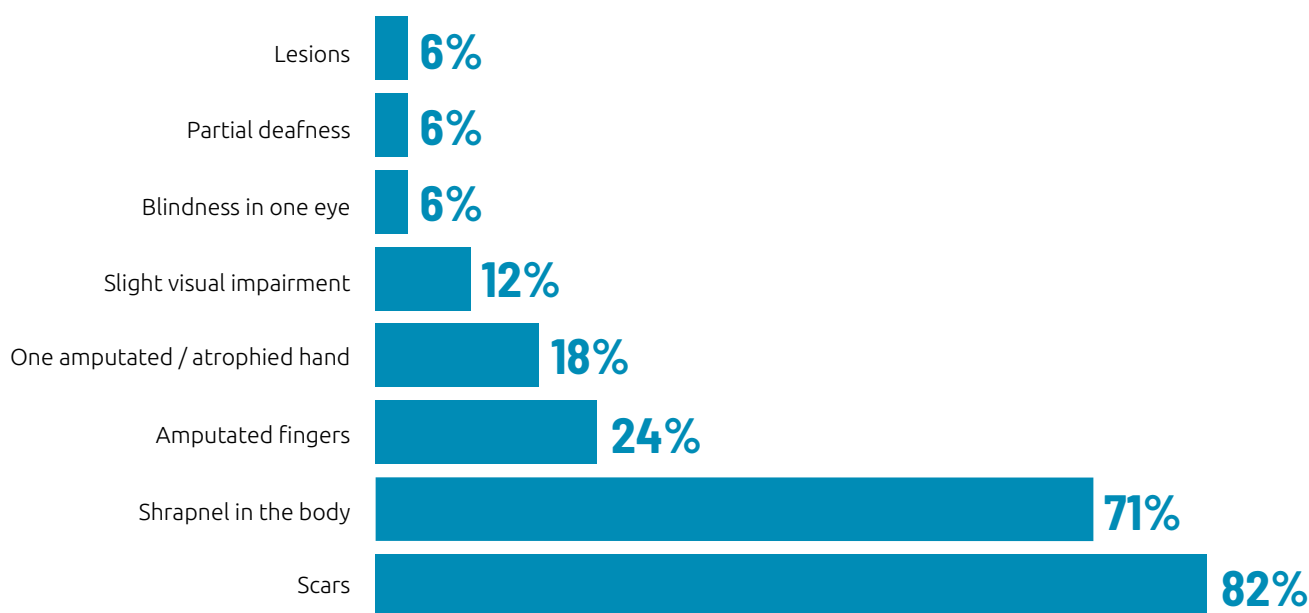


Figure 10  
Physical impact of mine/ERW accident

## ANALYSIS BY SOCIAL PROFILE AND ECONOMIC IMPACT

With regard to the structure of the affected households, 8 of the 15 families are headed by single mothers, and 4 have more than three children under the age of 18.

Of the 15 assessed families, in nine households (60 per cent) salary is the main source of income. Eleven households (73 per cent) receive social payments, and for at least six households (40 per cent) this is the main source of income. Of the 14 households who reported their incomes, at least 11 live under the average living wage (UAH 1,800 / US\$65) per person, of these 7 are single-headed households and 4 have three or more children.

The data suggest that socio-economically, the child mine/ERW victims surveyed were from lower-income families. As mentioned previously, research near the 'contact line' in eastern Ukraine has indicated that those with the means to

do so, particularly those from settlements in close proximity to the frontline (i.e. those areas more likely to be more highly contaminated by mines/ERW), have tended to move away from the area. Those left behind tend to be the more elderly or have low income who have no choice but to remain in place. It is therefore reasonable to conclude that mines/ERW are affecting those from lower income families to a disproportionate degree to those who are not.

When asked whether the family had any changes in income after the accident, five families reported decreased income of whom, three were due to spending related to continued medical care and two resulted from the need to take care of the child rather than working. All families who reported decreases in income are living under the average living wage.

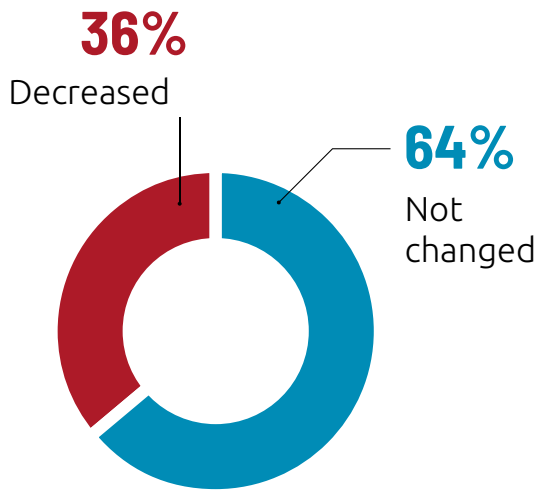


Figure 11  
Changes in income after accident

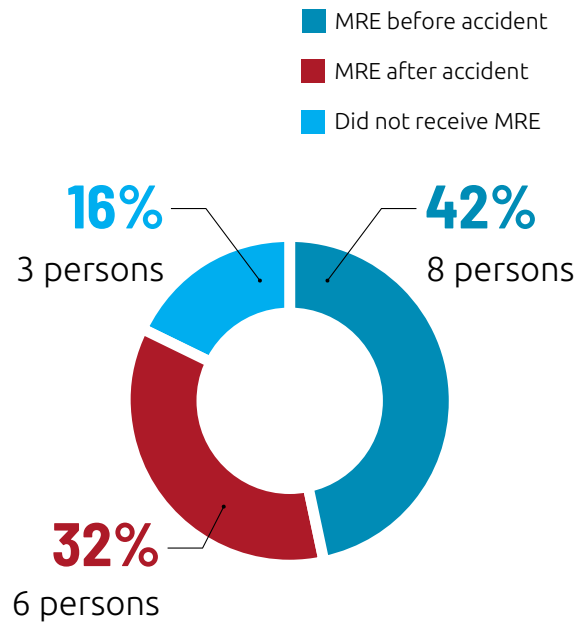


Figure 12  
Mine risk education for child mine/ERW survivors

***“In most cases, these families [the families of child mine/ERW victims] are marginalized... all they need is money”***

Staff member of governmental social service in Donbas

When analysing the profile of child mine/ERW victims, it was important to understand whether the victim had been exposed to risk education and when, in relation to their accident (before or after), they had received such education.

When asked about mine risk education (MRE) training, eight children had received MRE before the accident, six after the accident, and three had not received any MRE.

Two families expressed need for all family members to receive MRE: these were families in which children had already received MRE (one before and one after the accident).

The inferences that can be drawn from this sample are that receiving MRE does not make children immune from accidents and that further MRE is needed as a preventive measure.

A final but important point to note is the concept of ‘interview fatigue’ among mine/ERW survivors. The more assessments and interviews that are conducted by journalists, for example, without any tangible result for the interviewee, the more frustration is created. DRC-DDG encountered this sentiment among a small number of interviewees during the course of the assessment.

Some families were exhausted after interacting with journalists following an accident. There is a high risk to dignity.

***“After my child [a mine survivor] saw another boy mine survivor in the news, he asked me not to put him on television. And I protect him from any interaction with journalists.”***

Mother of mine survivor

# ANALYSIS: NEEDS AND BARRIERS TO ASSISTANCE FOR CHILD MINE/ERW SURVIVORS

This section seeks to analyse and identify the gaps that remain to addressing mine victim assistance comprehensively in Ukraine. The section is broken down by subject, according to the main pillars of mine victim assistance laid out in the United Nations Policy on Mine Action. The pillar of 'data collection' is not discussed in this section, as it is more relevant to frame this topic within the analysis of stakeholders and service providers, covered in the next section.

## EMERGENCY AND CONTINUING MEDICAL CARE

### ACCESS:

All the interviewed victims received treatment in governmental medical facilities. First aid was provided in local medical facilities, in ambulances and/or by military doctors. Three child mine/ERW survivors assessed by DRC-DDG received first aid from military doctors. For example, the life of a child was saved because a military doctor was present in the location. In most of the cases that involved severe trauma, the children were transported to oblast-level hospitals. Emergency treatment was delivered free of charge in the hospital. In cases when medicines were not available at the hospital, the families were supported by volunteers, local residents, local and international organizations (e.g. Rinat Akhmetov Foundation (a local NGO) and the ICRC) to pay for medical bills.

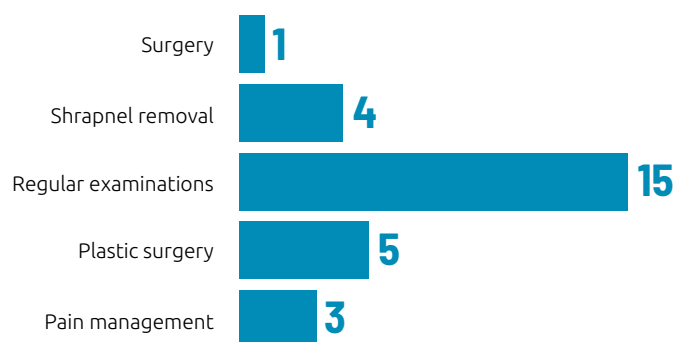
Of the 17 child mine/ERW survivors assessed, 12 persons required continuing medical care. Medical care was mainly received at the Okhmatdet National Children's Specialized Hospital, in Dnipro, Zaporizhzhia, Kharkiv, Volnovakha, Lysychansk and, in one case, in Luhansk (NGCA). In at least two cases, medical errors were made and, as a result, the children require regular medical treatment and support at oblast-level hospitals.

### NEEDS:

All the children who require continued medical care are in need of regular examinations of their conditions. Their other ongoing needs include pain management (some children suffer from pain and do not receive any treatment), plastic surgery and surgery in advance of prosthetics.

Figure 13

### Medical care needs of child mine/ERW survivors



### BARRIERS:

- Some families have to travel to the hospitals where they underwent treatment on a regular basis because they are being refused at local level. For example, one mother stated that: "The doctor refused to do bandaging for us", but she could not explain why.
- Often, the families of child mine/ERW survivors did not receive complete information about the health conditions of their children. For example, in one case a mother found out in secret about the severe health conditions of her child from medical staff: "They hid [from me] that there was shrapnel in the child's body; the nurse said that they [the doctors] were hiding it from me." The mother could not explain why.



- Caregivers need to take initiative to ensure regular medical examinations for children. However often parents are not aware or informed by medical staff about the importance of the examinations and where to access it: this may be because the families’ residence in remote settlements and overall vulnerability may mean the place less priority into continued medical care, especially if the child does not complain: “The child does not complain, so why should we go to the doctor?” said the mother of a child mine/ERW survivor with visible pieces of shrapnel following the accident.
- Child mine/ERW survivors had access to life saving treatment, but when it comes to ongoing treatment, families are at risk of being left with unmet needs.

## PHYSICAL AND OTHER REHABILITATION

### ACCESS:

All children who became disabled as a result of the accidents have Individual Rehabilitation Plans (IRPs) which inform their access to rehabilitation facilities and prosthetics. A total of 13 children received rehabilitation including 4 who received prosthetics (two eye and two hand cosmetic prosthetics). Financial support to cover cost of sanatorium rehabilitation (in some cases more than once) was mainly provided by the Rinat Akhmetov Foundation (eight children) and, in individual cases, by volunteers and the district administration.

On finishing their medical treatment, the children were

Figure 14  
Number of child mine/ERW survivors by rehabilitation facility



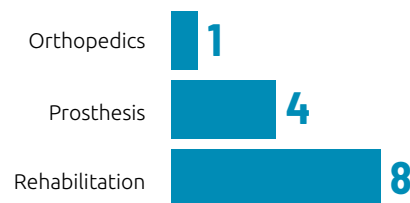
referred to the sanatoriums for rehabilitation on the basis of the type of injuries and rehabilitation required. Some children attended different sanatoriums during their rehabilitation path. Most of the survivors received support in Odesa’s Kuyalnyk sanatorium, where a broad spectrum of rehabilita-

tion services is available for children and which is an accessible distance for residents of Donetsk and Luhansk oblasts.

### NEEDS:

Currently, at least nine children are in need of rehabilitation, prosthetics and assistive devices. Some children require both rehabilitation and prosthetics. All children, who currently require prosthetics need hand or finger prosthetics. Two families, who already received cosmetic manual prosthetics reported that the hands are uncomfortable and that the children need functional (rather than purely cosmetic) prosthetics.

Figure 15  
Child mine/ERW survivors’ requirements for rehabilitation and assistive devices



### BARRIERS:

- Families faced difficulties receiving relevant rehabilitation due to omissions or inaccuracies in the victim’s Individual Rehabilitation Plans (IRPs). For example:
  - As a result of a mine/ERW accident, a child lost a body part and received serious leg injuries. In the IRP, rehabilitation for the leg injury was missing, leaving the child without referral for assistance: the family still requires orthopaedics.
  - A child lost fingers and requires prostheses, but the doctors refused to conduct the required preparatory plastic surgery and did not suggest prosthetics in the child’s IRP (stating that there is no capacity in Ukraine for such prosthesis).
  - Note: After the DRC-DDG team conducted the household interview with the family and consulted the child’s mother, she went a second time to the doctor who added prosthetics to the IRP. Currently the family is actively looking for opportunities in Ukraine to source prosthetics, guided by social services.
- The type of prosthetics both recommended by doctors in children’s IRPs and provided to children are cosmetic in nature, rather than functional, owing to a lack of resources and propensity to provide such devices.
- Families with low incomes and/or residing in hard-to-reach areas face difficulties accessing prostheses. The provision and application of prostheses is highly specialized and tailored for each case, particularly in the case of functional

prosthetics. Fitting requires multiple trips to oblast-level hospitals, or possibly further afield. The cost of such travel is out of the reach of most victims' families, unless it is covered by an NGO or other direct assistance.

- Families have little awareness and information about rehabilitation opportunities for children: mainly these were supported by NGOs and volunteers who organized and accompanied the families during this process.

## PSYCHOLOGICAL AND PSYCHOSOCIAL SUPPORT

### ACCESS:

a total of 8 of the 17 assessed children had access to psychological assistance after the accidents. Six received support in hospitals, but this was not specialized psychological assistance or therapy. Only one family received emergency psychological counselling immediately after the accident at the hospital. Psychological therapy was provided to three children in sanatoriums during rehabilitation period, to three children at school and to one child by an NGO.

**Table 1 Provider of psychological support received by child that received it**

Provided by	Child mine/ERW survivors								Total
	1	2	3	4	5	6	7	8	
Hospital		✓	✓		✓	✓	✓	✓	6
NGO					✓				1
Sanatorium	✓			✓	✓				3
School			✓				✓	✓	3
<b>Total</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>13</b>

Access to psychological treatment is not standardized or coordinated in line with a prescribed, long-term treatment scheme, and some children received assistance at more than one institution (e.g. in hospital and at school).

### NEEDS:

Only two families reported an unmet need for psychological assistance at the time of the assessment. Furthermore, parents/caregivers generally do not look for psychological help and do not recognize it as a priority need for children who have survived mine/ERW trauma, especially if the child



**“He became more reserved and aggressive... No, we are not going to contact a psychologist, we do not need it”**

Mother of a child mine/ERW survivor

has already received short-term psychological support in hospital, in a sanatorium or at school. As noted by the DRC-DDG numerators, most families have low awareness of psychological support. Doctors, teachers and social workers also do not pay attention to the need of the victim or family for psychological counselling.

***“He still screams at night, but we don’t need the help of a psychologist; we already received assistance in a sanatorium”***

Mother of a child mine/ERW survivor

**BARRIERS:**

- Low awareness of the importance of working with a psychologist and remote access to psychological services.
- The level of trust in psychological counselling in Ukraine is still low. Therefore, some families are prejudiced against psychological assistance and unequivocally refuse to receive psychological assistance on behalf of their child or family.
- Access to available psychological services is mainly available in cities and district centres, making it unreachable for children and families living in rural/hard-to-reach areas. For example, one of the few families who require psychological help have no access due to the remote locations of their villages and the absence of psychologists at school.

## SOCIAL (AND ECONOMIC INCLUSION)

**ACCESS:**

All child mine/ERW survivors that were interviewed for this study have access to education that meets their needs whether at school, boarding school or kindergarten.

With regard to the perception in the community of child mine/ERW victims, their caregivers/parents gave their opinions and observations.

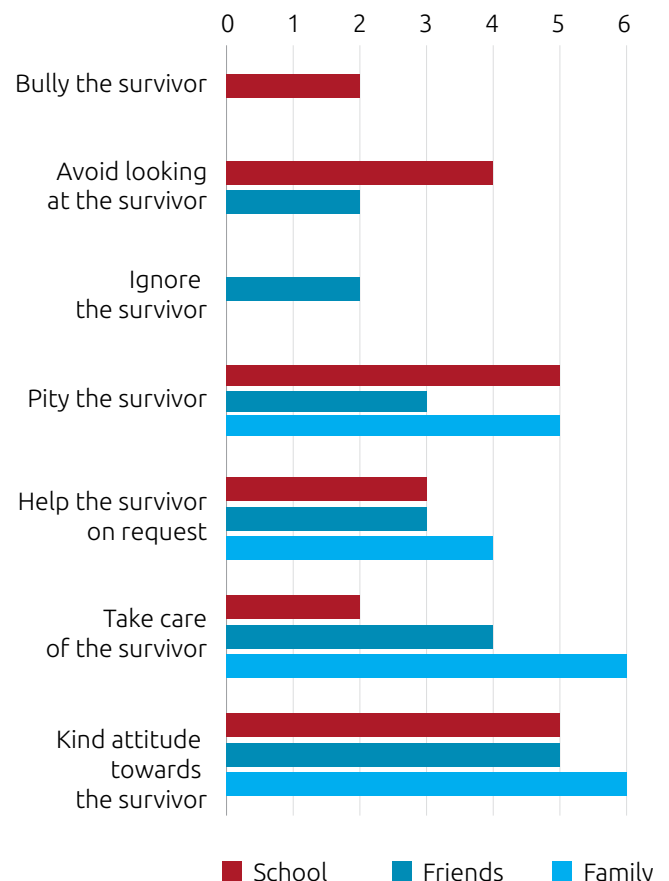
The graph below shows the number and type of attitudes perceived by mine/ERW victims at school, at home and among friends.

Most of the assessed households reported children having a supportive attitude from family members and friends. At school, the families also generally reported supportive attitudes towards their children; however at least three children (boys) faced bullying at school due to their visible injuries as a result of their mine/ERW accidents. One family moved to another location due to the unbearably unfriendly attitude at school from other children.

In five cases, the caregivers/parents were unable to give answers, stating that “everything is alright.”

While DRC-DDG did not assess the wider community perceptions, some families highlighted the difficulties their children faced after their accident.

**Figure 16**  
**Impact of the accident: attitude of others within the community**



***“At first, we bandaged the [amputated] hand, so people could not see.”***

Mother of child mine/ERW survivor



***“Children at school called him disabled, one-eyed.”***

Mother of child mine/ERW survivor

***“People on the bus would look away [after looking at the boys], so they asked me to buy balaclavas...”***

Mother of child mine/ERW survivors

In relation to support and communication within the communities of families of child mine/ERW survivors, 7 out of 17 families (41 per cent) are acquainted and/or communicate with other families; some know each other because they live in the same locations, some met during their children’s rehabilitation and some at joint events for child mine/ERW survivors. The same 41 per cent would be interested in sharing their own experience with other families, and in being part of a support network.

#### **NEEDS:**

The families of child mine/ERW survivors (particularly those with physical impairments) are in disarray when adapting after the accident and facing the future. Not only does the victim (and by extension, the family) bear the immediate burden of dealing with the physical impairment and perhaps stigmatization, but they also find themselves looking to answer important questions about the victim’s future and how the accident will affect the victim’s prospects in school and beyond.

#### **BARRIERS:**

- Only in one case did teachers insist on individual education (study at home), but the family refused and continued going to school.
- Child mine/ERW survivors face anxiety about attending extra-curricular activities, fearing that they will not be accepted as a result of their injuries. For example:
  - A boy from one family had to quit boxing, because he lost three fingers.
  - One boy dropped his swimming classes because he is shy about his scars.
- While most families expressed an interest in connecting with other families of child mine/ERW victims through social platforms and networks, some have restricted access to the Internet and/or mobile connections, or lack the phones or computers needed to participate.



**“That is why he stopped going to boxing. How can he with such a hand?”**

Mother of a child mine/ERW survivor

## LAWS AND PUBLIC POLICIES

### ACCESS:

In April 2017, the Cabinet of Ministers of Ukraine adopted Resolution 268 ‘On Approval of the Procedure for Granting the Status of a Child Affected as a Result of Military and Armed Conflict’. Figure 17 reveals that most of the child mine/ERW survivors interviewed by DRC-DDG had received such status or were in the process of receiving it. However, four of the children did not obtain it. In one case, the local authority refused to give the status to a child because the town where the accident happened was not on the list of territories officially considered by the Government to be affected by the conflict, also known as “antiterrorist operation (ATO) territories”. In the three remaining cases the families were not aware of the procedure for securing the status and/or what the implications are of the status for a child mine/ERW survivor.

DRC-DDG also examined the feasibility of families receiving official recognition (i.e. legal status) that their child is injured and disabled as a result of armed conflict. All the children with serious health consequences resulting from the accidents received disability status, which provides the family with social benefits to support the survivor.

If the relatively small sample size is to be extrapolated to all child victims of the conflict (i.e. not just victims of mines/ERW), as well as adult victims (i.e. all victims), then the data

in Figure 17 may be indicative of a significant information gap among those who have been injured.

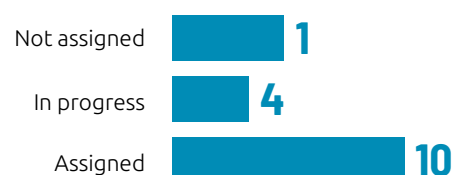
### NEEDS:

In terms of needs, overall, the families are in need of information and guidelines about laws and policies to ensure the rights of child mine/ERW victims. Additionally, the families require legal assistance to prove that the injuries and disabilities sustained were as a result of the armed conflict.

### BARRIERS:

Laws and policies are understood differently by local government bodies, while the families have a lack of knowledge about the rights of mine/ERW victims and persons with disabilities.

**Figure 17**  
**Legal status of children injured as a result of armed conflict**

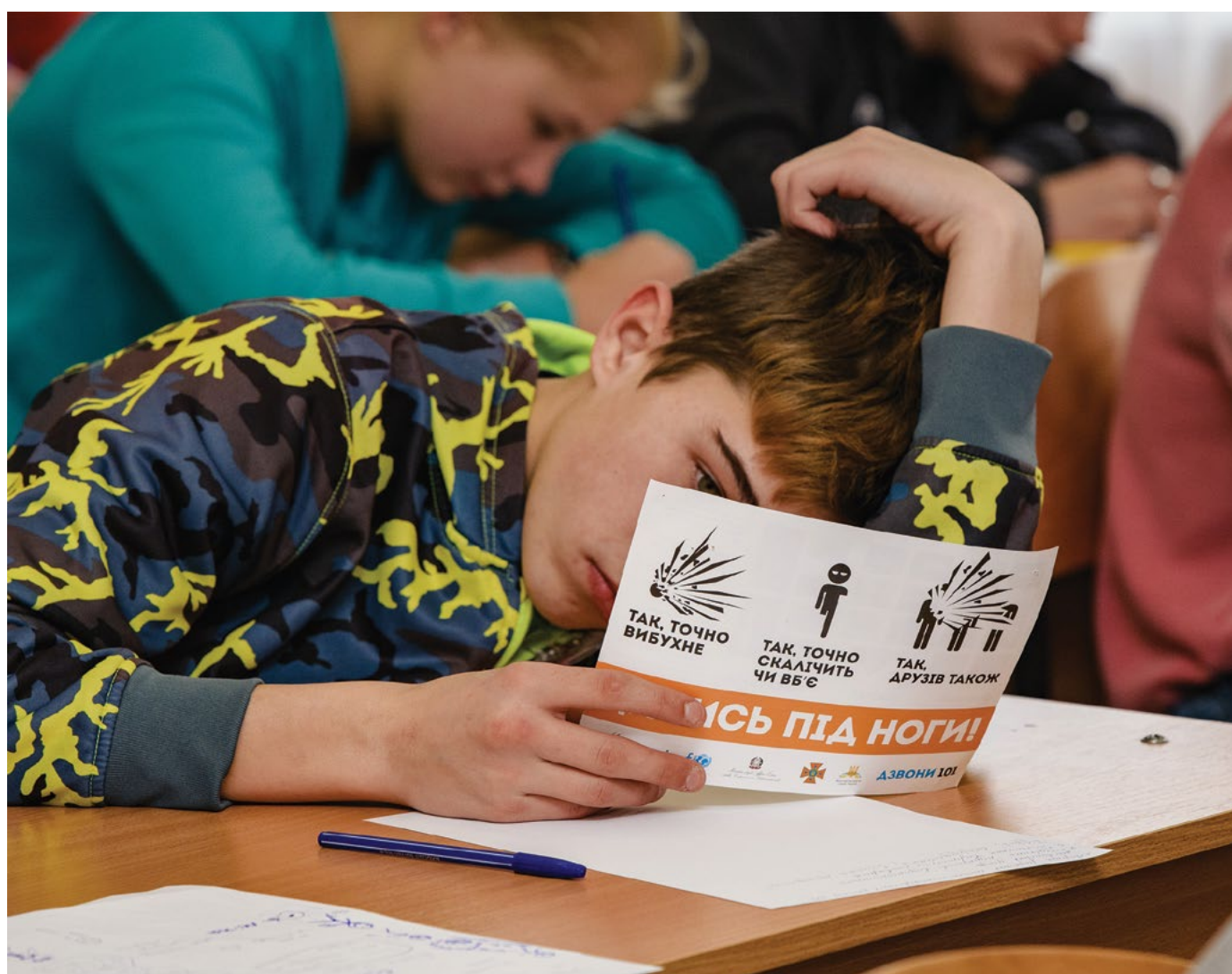


# ANALYSIS: STAKEHOLDERS AND SERVICES

DRC-DDG conducted meetings at the state, regional and local level with relevant stakeholders to assess the situation concerning assisting child mine/ERW victims and opportunities to establish mine victim assistance programmes in Ukraine.

Additionally, DRC-DDG submitted request letters in two stages and at two levels. At the first stage, letters were sent to Donetsk and Luhansk district-level authorities: Child Affairs Services and the Department of Education. DRC-DDG requested statistical data on child mine/ERW

victims and locations of casualties. The second stage included request letters at oblast and state levels about actual mine/ERW accidents, existing relevant databases, existing coordination and referral mechanisms at government level and clarification of the expected response in such cases of each relevant stakeholder. Most of the response letters were received. Request letters sent on 9 November 2018 to the Ministry of Health were still pending response in January 2019 (formal response letters are available upon request to DRC-DDG).



## DATA COLLECTION

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### I. FINDINGS

Currently, there is no established and functioning Mine Victim Information System (VIS) and/or child-centric VIS in Ukraine. No government body has been assigned by the state to collect mine/ERW data and maintain a database, including data verification. It is important to note that the Ministry of Health, in test mode, has launched data collection of mine/ERW casualties among civilians.

The National Police and the State Emergency Service obtain and maintain information about all accidents and casualties of different natures, including mine/ERW accidents, as part of their internal procedures. However, no separate database is available for maintenance of the data within these state and regional bodies: information about mine/ERW casualties has to be extracted manually from the data available and is difficult to segregate from casualties resulting from conflict more broadly (rather than just mines/ERW).

Non-governmental and international organizations (including OSCE and those operating in mine action) maintain internal databases and statistics on mine/ERW casualties and accidents, collected through public sources and within programme activities. The information collected is incomplete or 'patchy' and also requires further verification.

### II. INSTITUTIONS RELATED TO THE MINE VICTIM ASSISTANCE PILLAR AND THEIR ROLE:

**The Ministry of Defence (MoD):** Civil-Military Cooperation of the Armed Forces of Ukraine (CIMIC) Group, operating within the MoD, has launched a pilot project on data collection covering civilian accidents and casualties relating to armed conflict in Donetsk and Luhansk oblasts (including mine/ERW accidents). CIMIC Group has developed a database based on international standards and has already sent out a questionnaire (taking account of age and gender disaggregation) to all relevant state bodies in Donetsk and Luhansk oblasts to start the data collection process. Due to the pilot nature of the project, there was no official order from the MoD to compel state bodies to provide information on civil accidents and casualties to CIMIC; therefore, government

bodies were not obliged to provide data and generally have not done so. This order will be possible after the President of Ukraine approves the Mine Action strategy. As of June 2019, the database is poorly populated with required data. CIMIC expects an official order from the MoD to facilitate making this process obligatory, on approval by the President].

**State Emergency Service (SES):** In the case of mine/ERW accidents, in coordination with the National Police and if required, the SES and its specialized Pyrotechnic Department arrives to conduct a technical survey and destroy identified mines/ERW.

The SES does not have or maintain a dedicated database on mine/ERW accidents and/or casualties (including children).

According to operative information from the SES provided to DRC-DDG in response to an informational request, during 2014-2018 a total of 27 children suffered from mine/ERW accidents in the GCA of Donetsk and Luhansk oblasts. Of these, four children died (formal response letters are available on request to DRC-DDG).

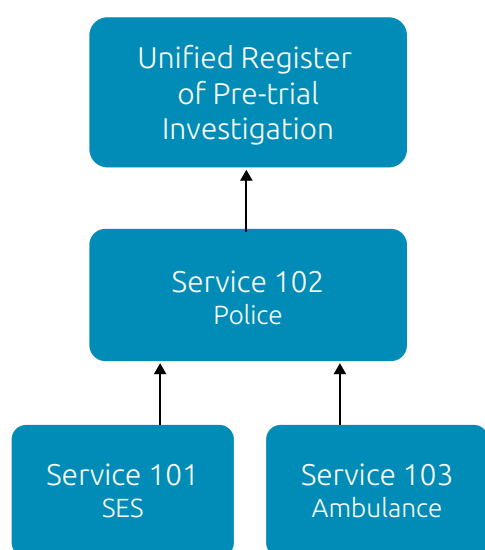
**Ministry of Temporarily Occupied Territories (MTOT):** the Ministry has received an official order from the state to commence the process of developing a mechanism to collect

**DURING 2014-2018 A TOTAL OF 27 CHILDREN SUFFERED FROM MINE/ERW ACCIDENTS IN THE GCA OF DONETSK AND LUHANSK OBLASTS. OF THESE, FOUR CHILDREN DIED**

data regarding mine/ERW accidents and casualties (including information about children). This has been confirmed by SES (please refer to official letter from the SES in response to DRC-DDG).

As stated on the official website of the Ministry: “For the first time since 2014, MTOT has collected and summarized this information from all relevant institutions and agencies (State Emergency Service, National Police, hospitals, local healthcare departments etc.), as well as central and local authorities. A Mine accidents and casualties database is being developed. As a result, objective data were collected about civilians killed or wounded caused by mines or UXO incidents. However, these data are not final, since they include only so far confirmed facts of death or injury, and the total may be higher when new confirmations will be available.”

At a meeting with the Head of the MTOT’s Department on Mine Action and Ecological Security in November 2018 in Kyiv, DRC-DDG received information that the Department and the Ministry maintain no mine victim database as of yet. The MTOT has developed an online platform to store statistical data on mine/ERW casualties (without personal data).



**Figure 18**  
**Routes by which information on mine/ERW accidents reaches Unified Register of Pre-trial Investigations**

**Ministry of Health (MoH):** In 21 February 2018, the departments of health of Donetsk, Luhansk, Kharkiv and Dnipropetrovsk oblasts received an official order from the MoH to collect information about all armed conflict related casualties (including children). This has been done in test mode: the data is being collected through a form (a medical card without bio data) developed with support from international organizations. No personal data can be used to populate any national database systems until relevant changes are made in an internal order about sharing the personal data of victims. The departments of health do not maintain a database on victims, only hard copies of medical cards. The departments submit scanned copies of the medical cards to the MoH every month. The MoH maintains a general database (an Excel table) but no mine victim database.

**Ministry of Internal Affairs (MoIA):** The National Police is one of the key duty bearers responding in cases of mine/ERW accidents and casualties. SES and healthcare facilities are obliged to inform local police departments if they receive information concerning such accidents. In the case of mine/ERW accidents, the police (usually the Juvenile Prevention Unit, responsible for managing criminal cases involving children) commences an investigation encompassing witnesses, family and any surviving victim(s). All information about the case, including bio data, is recorded in the Unified Register of Pre-Trial Investigations. It is important to note that the police may not have, or have had, access to some territories in Donetsk and Luhansk oblasts (GCA) due to the specifics of the ongoing conflict. At a meeting with the departments of juvenile prevention in Luhansk and Donetsk oblasts, DRC-DDG concluded that data about child mine/ERW casualties in the possession of the departments is maintained manually, as there is no facility to indicate the cause of the casualty in the Unified Register of Pre-trial Investigations. Figure 18 illustrates the route via which information pertaining to mine/ERW accidents reaches the Unified Register of Pre-trial Investigations.

**Ministry of Social Policy (MoSP):** The Child Affairs Service (CAS) is one of the few services in Ukraine that obtains information about child mine victims. CAS units may issue the status of ‘Child victim of military actions and armed conflicts’ (by November 2018, 5,787 children had been issued with such status). Information about children who received the status is sent by CAS to the MoSP and stored in a the ‘Dity’ unified information and analytical system. Information about child mine/ERW victims is stored manually by local CAS units.



Other actors (OHCHR, DDG, the HALO Trust, the Swiss Foundation for Mine Action, the OSCE and others): Such organizations collect mainly statistical information about mine/ERW accidents and casualties (disaggregated by age and gender when possible) from public sources and during programme activities (e.g. non-technical surveys). There is no official form of reporting for identified mine/ERW cases to the state bodies. The United Nations Education Cluster has established and maintains an internal database on children who have received injuries or died as a result of armed conflict (including mine/ERW accidents) in the NGCA.

### III. GAPS IDENTIFIED:

- No unified, fully verified information concerning mine/ERW accidents and casualties exists at any level of government or within non-government organizations.
- No state agency appointed to maintain data collection about mine/ERW accidents and casualties.
- No unified form of reporting of mine/ERW accidents and casualties to state bodies (e.g. for international actors operating in the area of conflict).
- At the beginning of the conflict, doctors did not classify injuries caused by mines/ERW according to the International Classification of Diseases in medical reports: as a result, child mine/ERW victims may face difficulties proving the cause of injury when trying to obtain government support for victims of armed conflict.
- The lack of an established victim information system for more than four years has led to the loss of information about children who have turned 18 years old. "This person is 19 years old. We no longer have any information including personal data, about him," CAS, local unit.
- In the 'Dity' system, run by MoSP, there is no disaggregation between mine/ERW and other conflict-related causes of traumas suffered by children who received 'Status of a Child Affected as a Result of Military and Armed Conflict'

### IV. OPPORTUNITIES

- The Law on Mine Action in Ukraine was adopted on 6 December 2018. This is the first step towards creation of a mine/ERW victim information system and it is expected that under the Law an entity will be

**THE LACK OF AN ESTABLISHED VICTIM INFORMATION SYSTEM FOR MORE THAN 4 YEARS HAS LED TO THE LOSS OF INFORMATION ABOUT CHILDREN WHO HAVE TURNED 18 YEARS OLD.**

nominated to centralize all mine action data, including on mine/ERW victims.

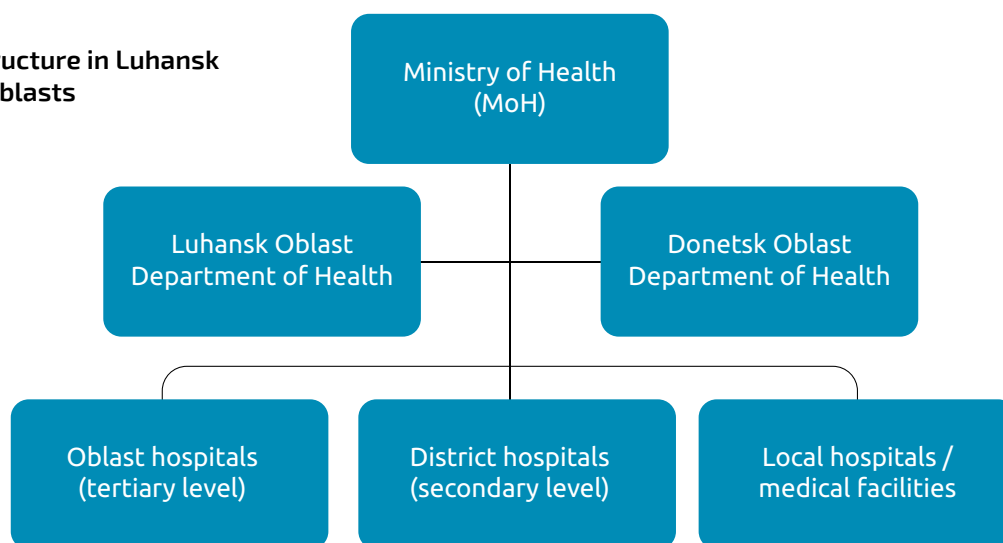
- In Luhansk Oblast there is an internal memorandum of understanding between the DoH, DoE, CAS, and the police on coordinating information sharing about child casualties including mine/ERW accidents. Such coordination, if found to be effective, could be broadened.

Governmental interagency communication and coordination: in the case of any accidents and casualties related to armed conflict (including mine/ERW), the military, SES and DoH are obliged to inform the police (in Donetsk and Luhansk oblasts), therefore it would seem that all information should eventually be received by the police.

### V. RECOMMENDATIONS

- Appoint/nominate one state body responsible for the establishment and maintenance of a victim information system. Oblige all relevant stakeholders to submit information about mine/ERW victims through a widely communicated inter-agency order.
- Ensure that the mechanism for data collection includes clear disaggregation on age, gender, location, type accident and other indications according to best practice and international standards, in order to allow for subsequent, detailed analysis of needs.
- Establish a clear mechanism for data sharing and share it among national and international stakeholders to track progress against state obligations to the people and international treaty obligations, as well as to facilitate response to concrete requests for resource allocation from the state and from international donors.
- Always prioritize confidentiality in the running and maintenance of a victim information system, in the best interests and safety of child mine/ERW victims and their families.

Figure 19  
Healthcare structure in Luhansk  
and Donetsk oblasts



## EMERGENCY AND CONTINUING MEDICAL CARE

### I. FINDINGS

Child mine/ERW victims assessed by DRC-DDG had access to emergency medical care at local/district level free of charge. For continued medical care, in most cases the children were transferred to oblast hospitals with the capacity to provide treatment of injuries related to mines/ERW.

However, it was perceived that there is a general lack of specialists and equipment to provide assistance in local, district and oblast hospitals in Donetsk and Luhansk oblasts for trauma received as a result of armed conflict (including mine/ERW accidents). This, in some cases, has led to suspected errors in treatment and deterioration of victims' conditions, especially in 2014 and 2015. This may be explained by the fact that this is the first time, since the Second World War that Ukraine has experienced armed conflict in its territory, and many of the medical specialists working in Luhansk and Donetsk oblasts may have never worked with traumas and injuries of this nature.

### II. INSTITUTIONS RELATED IMPLEMENTATION OF THE MINE VICTIM ASSISTANCE PILLAR AND THEIR ROLES:

Ministry of Health A total of 13 secondary-level hospitals are operating in Donetsk and Luhansk oblasts (8 and 5 respectively), and 4 tertiary-level hospitals (2 and 2), within 20 kilometres of the 'contact line'.<sup>6</sup>

Additionally, military hospitals (operated by the MoD) are operating in Luhansk Oblast (Popasna, Schastia, Lysychansk, Stanytsia-Luhanska) and Donetsk Oblast (Volnovakha, Kurakhove, Selidove, Avdiivka, Toretsk, Bahmut): these are main-

ly located on the premises of secondary-level hospitals.

The mechanism for response in cases of child mine/ERW casualties: each case is unique and the path of mine/ERW victims depends on location, human factors, and other circumstances. Nonetheless, a typical path was identified: in the case of a mine/ERW accident, a child is transported by ambulance, military or private vehicle to the closest medical facility (a primary health care facility, or a hospital at town, rayon or oblast level) where the child receives emergency medical treatment. In case of severe injuries, the child is transported to Kharkiv, Dnipro, Zaporizhzhia or Kyiv (Ohmadet) children's hospitals, to access treatment by specialists with specific experience of explosive-related trauma.

In Luhansk Oblast, the Department of Health reported that child survivors are mainly treated in Lysychansk Oblast Children's Hospital and, when specific care is required (e.g. ophthalmology), the patients are transferred to Kharkiv or Kyiv. There is only one children's emergency ambulance in the Oblast.

In Donetsk Oblast, the Department of Health reported no challenges in assisting mine/ERW casualties, including children. In a KII, an official at the Department shared concerns about the medical staff who have been killed or injured as a result of the conflict. The key informants did not provide any additional information and feedback on medical care of child mine/ERW victims in the Oblast.

### III. GAPS IDENTIFIED:

- Lack of qualified specialists and equipment to assist mine/ERW and other armed conflict-related trauma, especially for children (including ophthalmology and

<sup>6</sup> World Health Organization assessment - Medical facilities in Donetsk and Luhansk Oblasts in 2018. Report to be shared in 2019.



## THE AGE OF EXPERIENCED AND QUALIFIED DOCTORS IN DONETSK AND LUHANSK OBLASTS IS 60+

neurology). This leads to potential errors and health consequences for children. For example:

- In one case, a child mine survivor received assistance at a district hospital in Luhansk Oblast. As a result of inadequate treatment of his injuries, he almost lost his lower limbs. At personal expense, the mother transported the child to Luhansk hospital (located in the NGCA), as reported by the mother.
  - According to a representative of the Ministry of Health in Kyiv: “The age of experienced and qualified doctors in Donetsk and Luhansk Oblasts is 60+.”
  - The 10 military hospitals located in Donetsk and Luhansk oblasts have qualified staff with the required expertise, but “There are not enough medical staff in Military Hospitals,” according to a representative of the Ministry of Health in Kyiv.
  - Eight out of 16 child mine survivors assessed by DRC-DDG were transferred to medical facilities outside Luhansk and Donetsk oblasts for medical treatment.
  - Equipment needed to respond to mine traumas is critically lacking, according to a representative of Luhansk Oblast Children’s Hospital and volunteers.
- The quality and capacity of medical facilities in Donetsk and Luhansk oblasts are a subject for assessment, while the families of child mine/ERW victims were unable to form their opinions on the quality of health care provided:
    - “Currently, it is impossible to assess the quality and capacity of medical facilities in Donetsk and Luhansk oblasts because of subjective perceptions of ‘quality’ by the medical staff,” reported the World Health Organization in Kyiv.
  - After a child is discharged from hospital, access to ongoing medical care (consultations in particular) is often restricted in rural/hard-to-reach areas:
    - Travelling from a village to district/oblast hospital is time and money consuming.
    - In one case a local doctor refused to provide continuing medical care to a family explaining that they must return to the hospital where the child was initially treated after the accident (in Dnipro: it is impossible to travel there on a regular basis).
    - Families may therefore be discouraged from continuing to attend the required regular medical examinations.
  - There is a risk of professional and emotional burnout among medical staff working in medical facilities in areas of armed conflict. Due to the conflict, medical staff have faced a new context of physical traumas (including mines/ERW) and they have had an increased volume of patients, especially during 2014 and 2015.

**IV. OPPORTUNITIES:**

- Material and technical support has been provided to medical staff on an irregular basis by international and local NGOs:
  - Civilian doctors and surgeons in Donetsk and Luhansk oblasts in particular received targeted training specific to conflict-related trauma (including mine/ERW-related injuries). DRC-DDG understands that some of the training on this topic was provided by a national NGO.
- Emergency healthcare is free of charge and saving lives is prioritized – this was confirmed by all families of child mine/ERW survivors in Luhansk Oblast assessed by DRC-DDG.
- The Department of Emergency and Medical Care in Cases of Disaster (Ministry of Health) is currently under reformation and has stated its intention to establish an expert group for the provision of emergency medical care.

**V. RECOMMENDATIONS:**

- Develop and implement a coordinated plan to boost the specialist knowledge of the doctors and surgeons who are most likely to have to deal with major trauma from explosive devices. Such a plan should be government-owned and should also take stock of the expertise that can be brought to bear by international organizations for the purpose of such training. Those trained should be registered and monitored for the purpose of regular refreshment training and assessment of continued or developing needs.
- Conduct a detailed needs assessment to evaluate the quality of services and capacity of medical personnel to provide treatment in facilities at various levels, particularly in children’s hospitals in Donetsk and Luhansk Oblasts:
  - Currently no information is available on the needs and qualifications of medical staff.
  - Reportedly, there is a lack of surgeons to treat mine/ERW traumas and other conflict-related traumas.
- Provide psychological support to medical staff working in Donetsk and Luhansk Oblasts:
  - There is a risk of burnout among medical staff. For example, a representative of Luhansk Children’s Hospital informed DRC-DDG that some doctors have left since 2014 due to increased stress and workload over mine/ERW and other conflict-related traumas; Ensure individual supervision by medical staff of child mine/ERW survivors:
  - Due to the remoteness of some settlements and the overall vulnerability of families of child mine/ERW sur-

vivors, families tend not to prioritize continued medical care, especially if the child does not complain: “The child does not complain, so why go to the doctor?” says the mother of a child mine/ERW survivor with visible pieces of shrapnel in the body from the accident. Medical staff should be aware of such cases where ongoing treatment is required, and efforts should be made by both sides (i.e. the caregiver as well as the health care facility) to ensure that child mine/ERW victims receive any ongoing care necessary. Implementing a case management system as well as assisting with the costs of transportation to hospitals from remote areas would help to alleviate this concern.

## PHYSICAL AND OTHER REHABILITATION

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**I. FINDINGS**

The environment and system under which amputees receive rehabilitation, including prostheses, are underdeveloped. The processes by which assistive devices, such as prostheses, are received are not coordinated and prostheses provided to children tend to be purely cosmetic, rather than functional.

In Donetsk and Luhansk oblasts, the process for receiving prosthetics (preparation, adjustment, maintenance and replacement) is not the responsibility of the Ukrainian medical system; rather the family of the victim is required to liaise directly with the prostheses manufacturer or supplier.

Figure 20

**Sub-units of the Ministry of Social Policy with potential overlap with child-centric mine victim assistance**

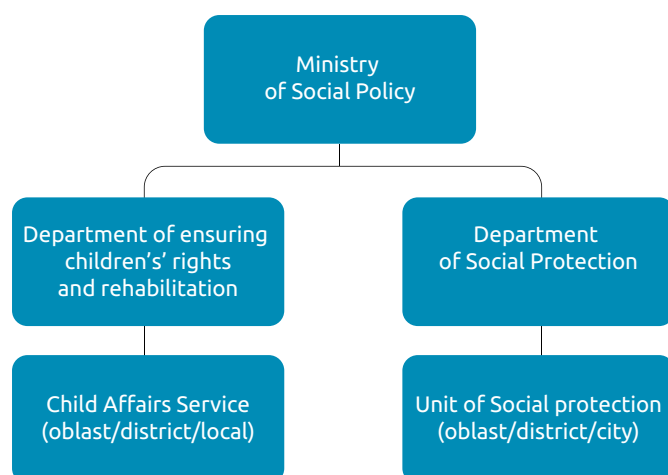


Figure 21 Child mine victim rehabilitation path



DRC-DDG perceived a lack of rehabilitation specialists in Donetsk and Luhansk Oblasts. “No rehabilitation system exists in Ukraine [comparable with international standards],” stated a representative of the Ministry of Health in September 2018.

While there are rehabilitation centres (sanatoriums) in Ukraine, they are mainly oriented towards children with disabilities as a result of birth defects.

## II. INSTITUTIONS RELATED TO THE MINE VICTIM ASSISTANCE PILLAR AND THEIR ROLES:

### Ministry of Social Policy:

- The Child Affairs Service is responsible for supporting children in the process of obtaining the status of ‘child victim of military actions and armed conflicts’. The status, once received, guarantees several kinds of social benefit (including rehabilitation) to child mine/ERW victims in the future.
- The Unit of Social Protection provides:
  - Financial support/benefits on a regular basis for the caregivers of children who have obtained official disability status.
  - Assistive devices;
  - Prostheses;
  - Funding of rehabilitation courses (in sanatoria, rehabilitation centres and so on).

**“No rehabilitation system exists in Ukraine [comparable with international standards],”**

Representative of the Ministry of Health in September 2018

### Ministry of Health:

The rehabilitation department responsible for injured civilians is currently under reformation. At the time of writing of this report (December 2019-January 2020), it is not clear what the role of this department will be after its reformation with regard to child mine victim assistance.

### III. GAPS IDENTIFIED:

With regard to physical and functional rehabilitation:

- Access to physical and functional rehabilitation in conflict-affected rural areas is limited. Facilities are located in districts and cities, and there is no financial assistance for the transportation of victims from remote areas.
- State funding of rehabilitation for children is limited and depends on the annual budgetary allocation. As reported by the specialists from the Unit of Social Protection in Donetsk Oblast, the amount provided by the Government per child per year is often only enough to cover one rehabilitation session, while a child usually needs four sessions per year.
- There is a small spectrum of rehabilitation services to respond to the needs of child mine/ERW victims (e.g. in comparison to children with cerebral palsy).
- Specialists in social protection at local level have limited awareness and knowledge about child mine/ERW survivors and their needs. “Why create a broader spectrum of services if the number of child mine victims is small?,” states a Member of the Social Protection Unit in Donetsk Oblast.
- There appears to be reluctance among specialists responsible for social protection to inform families of the full spectrum of rehabilitation services for child mine/ERW survivors due to a lack of funding. “If the Government initially aims to save money, of course there will be a low incentive to inform families of the available services” states a child protection expert in Kyiv.



***“It is their  
[the children’s]  
fault”***

Specialist from a district  
social protection unit

- Child mine/ERW survivors lack access to the full cycle of prostheses: preparation of the client, adjustments, maintenance and replacement.
- Lack of access to functional prosthetics is potentially due to a lack of state funding and the fact that children have to change prosthetics every six months or year. Child mine/ERW victims therefore tend to receive aesthetic prosthetics, which are cheaper than functional variants.

#### **IV. OPPORTUNITIES:**

- Social Protection Units are currently a nexus where a variety of civilian issues are initially recorded and logged. There is an opportunity for the Social Protection Units to distribute updated and more detailed information with regard to the services and providers available for physical rehabilitation (for example, service maps or directories).
- There is a well-established network of sanatoriums and rehabilitation centres (some of which are private) in Ukraine. There is an opportunity for this to be leveraged significantly more than it is currently to address the needs of people affected by mines/ERW in need of physical rehabilitation.

#### **V. RECOMMENDATIONS:**

- Establish a full-cycle, coordinated system for registration, comprehensive needs assessment and follow-on care of victims requiring physical rehabilitation that meets international norms and best practices. The system should link together with records from any other types of assistance provided (such as psycho-social, financial or other benefits).
- The Ukrainian health system should track and guide child mine/ERW survivors and their families through the full process of receiving functional and physical rehabilitation, including prosthesis. Currently, the gap in tracking and guidance is filled by local and international NGOs or, in the absence of these, is left to the families of the victims.
- Provide information sessions on human rights/social inclusion for staff of social services (at all levels):
  - The quality of assistance from social services is directly linked to the service specialists’ human rights awareness, especially with regard to mine victims. “It is their [the children’s] fault” (in comparison to children who were injured as a result of shelling), stated a specialist from a district social protection unit.

# PSYCHOLOGICAL AND PSYCHO-SOCIAL SUPPORT

## I. FINDINGS

In Donetsk and Luhansk oblasts, there is no established system for providing psychological support for child mine victims, and children who have suffered as a result of armed conflict. School psychologists and general practice psychologists working in Donetsk and Luhansk oblasts lack experience in counselling trauma, and express uncertainty about the quality of counselling of such patients.

No state agency is responsible for ensuring provision of psychological support (trauma therapy) for child mine/ERW survivors.

## II. INSTITUTIONS RELATED TO THE MINE VICTIM ASSISTANCE PILLAR AND THEIR ROLE

Non-governmental organizations: local and international non-governmental organizations provide one-off and/or ongoing psychological and psychosocial support on request. A number of humanitarian organizations provides psychological crisis services and other work with groups

and with individuals. Some organizations may organize mobile teams, including psychologists, to deliver assistance to isolated villages and towns.

## III. GAPS:

- Primary or initial psychological aid is generally not provided for child mine/ERW survivors and their families. A lack of professional initial psychological support can lead to a deterioration of the psychological state, or irreversible consequences for child mine/ERW survivors: this concern was shared by representatives of Centre of Social Services for Families, children and youth in Luhansk Oblast.
- There is no established system of psychological support (trauma therapy) for child mine/ERW survivors and their families in Donetsk and Luhansk oblasts.
- There is generally low awareness in society about psychological support. There is a general belief in society that a psychologist can make psychiatric

Figure 22 Services in place to provide psychological support for vulnerable children



Міністерство  
соціальної політики  
України

- › Centre of Social Services for family, children and youth
- › Mobile team to assess needs in terms of psychological and psycho-social support needs
- › Department of Social Protection
- › Rehabilitation centre for children with disabilities



МІНІСТЕРСТВО  
ОСВІТИ І НАУКИ  
УКРАЇНИ

- › Department of Education
- › Local schools — Psychologists



МІНІСТЕРСТВО  
ОХОРОНИ  
ЗДОРОВ'Я  
УКРАЇНИ

- › Centre of Physical and Functional Rehabilitation

**THERE IS A GENERAL BELIEF IN SOCIETY THAT A PSYCHOLOGIST CAN MAKE PSYCHIATRIC DIAGNOSES, AND THAT THIS MAY AFFECT THE CHILD'S FUTURE LIFE**

diagnoses, and that this may affect the child's future life (limited education and employment opportunities as a result of the diagnosis). In some cases, teachers in schools agree with parental concerns in this regard, which also indicates a lack of awareness among teaching staff.

#### **IV. OPPORTUNITIES:**

- Governmental services are in place through which children can receive psychological support: this could provide a foundation for the development of a strong system at state level.
- Initial and continuing psychological support are being provided at the Lysychansk oblast-level children's hospital (a psychologist was hired during the conflict and provided psychological support to children and their families, including child mine/ERW survivors). Such an initiative could be expanded both in terms of number of personnel and geographical area covered (i.e. services could be provided at Donetsk oblast-level children's hospital).

#### **V. RECOMMENDATIONS:**

- Conduct a clinical assessment of the psychological impact of the armed conflict on affected children in order to establish a quantifiable starting point on which to base further interventions.
- Due to the ongoing status of the armed conflict in Ukraine, state policy should ensure access to high-quality psychological support for child victims of conflict (including mine/ERW victims) and their families.
  - The system for registering the needs of child mine/ERW victims for psychological treatment, as well as ensuring ongoing support, should be centralized in a nominated ministry or governmental body, and

should be linked and coordinated with other forms of support received by victims as part of a holistic system of care.

- Establish a system of psychological support (e.g. in medical facilities, schools, social services and in private) for child mine/ERW victims and their families from immediately after the accident until recovery.
  - Timely psychological help is known to help prevent severe consequences of trauma (such as suicide and post-traumatic stress disorder), which in turn have negative consequences for close family and friends. It is known that effective psychological treatment and support can prevent such negative, spiralling states.
  - Delays to the delivery of psychological treatment or support can mean missing windows of opportunity when the shock of the accident and associated memories are fresh and patients are generally more likely to accept such treatment, and thereby improve their chances of psychologically processing their accident successfully.
- Utilize international expertise – training and supervision:
  - Ukraine should use the experience of countries where similar conflicts have occurred and take advantage of their achievements as well as lessons learned to develop a unified system of psychological and psycho-social support for conflict-affected families including mine/ERW survivors.
  - Ukrainian psychologists require supervision from psychologists with experience of trauma counselling, and efforts should be made to facilitate this.
  - Front-line service providers require psychological first aid training in order to be able to assist populations in the aftermath of traumatic conflict-related events.
- Make efforts to promote the benefits of psycho-social support as an important part of the post-traumatic treatment process.
- Look on non-governmental organizations as a short-term opportunity, because their work is dictated by the availability of funding and projects at the present time. State capacity and availability should therefore be expanded in line with the prevailing needs.



## SOCIAL AND ECONOMIC INCLUSION

Social and economic inclusion refers specifically in this context to inclusive education, access to basic services and to the awareness and prevailing attitudes of citizens without disabilities towards those with disabilities.

### I. FINDINGS

While inclusive education has been actively mainstreamed within the education system in recent years, social integration for children who have survived trauma and received a physical disability due to accidents related to armed conflict (including mine/ERW) is generally an overlooked area.

Within the educational system (schools and boarding schools) child mine/ERW survivors can become positive or negative role models:

- In some schools, child mine/ERW survivors have become a symbol of how not to behave: a child may be invited to mine risk education training without his/her consent as a living example. This approach, whilst possibly effective in its end goal, totally disregards the rights of the child concerned and raises a host of issues pertaining to social stigmatization and the likely exacerbation of psychological aftereffects.
- In some schools, child mine/ERW survivors become 'heroes', and there is a risk of basic safety messaging regarding mine/ERW risk becoming misdirected or confused.

### II. INSTITUTIONS RELATED TO THE PILLAR AND THEIR ROLE:

The Ministry of Education has established a new network of inclusive resource centres at oblast, district and city levels. In 2019, the unified electronic system of all centres will be finalized, and parents will be able to register their children with special educational needs for available services.

According to Regulation 545 'On Approval of the Regulations on the Inclusive Resource Centres' of 12 July 2017: it is planned to create one centre per 7,000 children in rural areas and one centre per 12,000 children in urban areas. The inclusive resource centres are working directly with parents and children with special educational needs and are supporting schools to establish suitable environments for such children.

The inclusive resource centres were created to ensure the right of children with special educational needs between the ages of 2 and 18 years to receive pre-school and general secondary education, through comprehensive psychological and pedagogical assessment of the child's development, providing psychological, pedagogical, correction and

development services and ensuring their continuous support. For mine/ERW survivors who have received physical and/or psychological trauma, the centres will ensure needs-based support to re-enter the educational process after the accident. The centres will assess the psycho-educational needs of children with special educational needs. Based on the assessment, they will develop recommendations for the child to start/continue an educational programme. Certified psychologists, disability/rehabilitation specialists and speech therapists will provide support in the centres.

### III. GAPS IDENTIFIED:

- Low public awareness about issues for children with special educational needs. There were no training events on inclusion for educational staff and pupils in the schools located in conflict-affected areas.
- School teaching staff and administrations sometimes are not ready or are unwilling to include children with disabilities and special educational needs in regular classes.
- As of now, there is lack of access to afterschool activities for child mine/ERW survivors. This is due either to absence of afterschool activities or lack of conditions and facilitators for children with disabilities.
- Specific learning arrangements need to be identified for children with disabilities by education providers. This is currently evident in barriers to the attribution of grades for children with disabilities, as their circumstances may fall outside those currently covered by the examination criteria in Ukraine (such as the requirement of writing by hand to pass).

### IV. OPPORTUNITIES:

- Ukraine has adopted the Concept of Inclusive Schools (Ministry of Education Order 912 of 10 October 2010). The purpose of inclusive education is to realize the rights of children with special educational needs to education at their places of residence, to socialization and to integration into society, and for the family to be involved in the educational process.
- On 9 December 2010, Ministry of Education Order 1224, approved the 'Regulations on special classes for the education of children with special educational needs in

## IN SOME SCHOOLS, CHILD MINE/ERW SURVIVORS BECOME 'HEROES'

general educational institutions'. On 15 August 2011, Cabinet of Minister Resolution 872, approved the 'Procedure for the organization of inclusive education in general educational institutions', which sets out the main conditions and material basis for introducing inclusive education. Children with special education needs will have legal grounds to receive a school education.

- International actors and the Ministry of Education are supporting newly established inclusive resource centres with training, international methodologies and practice:
- UNICEF, Krok za krokom, and Vidrodzhannia provided training of trainers and developed manuals on inclusive education for staff of inclusive resource centres.
  - The Ministry of Education plans to launch professional training for inclusive resource centre workers on international methods of educational needs assessments (Leiter-3, WISC-IV, Conners – 3, PEP-3, CASD) in 2019.
- Youth and children's platforms and initiatives being implemented by NGOs in Donetsk and Luhansk Oblasts are promoting inclusion and participation:
  - For example, DRC-DDG opened three youth centres at technical colleges in Mariupol, Slovyansk and Kramatorsk where adolescents with disabilities participate equally in the organized activities.
- At the time of writing (December 2019-January 2020), the number of inclusive centres established in Donetsk Oblast and Luhansk Oblast is six and two respectively. The departments of education in Donetsk and Luhansk oblasts reported that the number of such centres is growing, and it is a priority for upcoming years.

- Schools are entitled to adapt school premises to meet the individual needs of children with disabilities and funding has been allocated for this by the Government.

### V. RECOMMENDATIONS:

- Conduct training on inclusion and sensitization for the personnel of educational institutions (schools, boarding schools, kindergartens and technical colleges), school-children and parents in order to promote tolerance and ensure awareness and integration of children with disabilities.
- Make concerted efforts to build a protective environment for persons affected by mines/ERW (children and adults), removing barriers to their full participation in social life via inclusion and community projects.
- Create support networks for child mine/ERW survivors and their families through sports, art, technology and other initiatives as a path to recovery and integration.

## LAWS AND PUBLIC POLICIES

This section briefly touches on the existing laws and public policies that overlap with the field of mine victim assistance as well as the establishment of upcoming, relevant legislation.

### I. FINDINGS

The current legislative system is a barrier to families of children physically affected by armed conflict (including mine/ERW survivors), in terms of proving the cause of injury, which is necessary for receiving the official status of a person affected by armed conflict. As of now, no state social benefits are guaranteed for child mine/ERW survivors and their families.

The Law on Mine Action, approved on 6 December 2018, is the first step towards the development of a national plan for mine victim assistance. However, there is a risk that the Law will end up a platform for a limited range of mine action activities, not including mine victim assistance.

## II. INSTITUTIONS RELATED TO THE PILLAR AND THEIR ROLE:

On 22 November 2018, a former department in the MoSP was reformed into a Ministry of Veterans and ATO Participants. This Ministry will take responsibility for processing cases of those purportedly injured as a result of the ongoing conflict and issuing the official status to individuals, allowing them to qualify for available governmental support.

### III. GAPS IDENTIFIED:

- As of today, there is a lack of social and financial assistance specifically for child mine/ERW survivors.
- Regulation 268 'On Approval of the Procedure for Granting the Status of a Child Affected as a Result of Military and Armed Conflict' of 5 April 2017 requires further development and clarifications. There are six criteria for receiving the status. Some of the criteria (e.g. psychological trauma) are better explained than others (e.g. physical trauma): this may lead to difficulties obtaining the status for children who have suffered during the conflict, including from mine/ERW accidents.
- No financial compensation is available for the death of a child as a result of mine/ERW accident (although the state is responsible for the lives of its citizens).

### IV. OPPORTUNITIES

- Article 10 of Law 9080-1 on Mine Action in Ukraine of 6 December 2018 defines two aspects of support for mine/ERW victims:
  - Support for mine/ERW victims (persons who suffered) consists of medical, psychological, professional and social assistance to alleviate the consequences of damage caused by explosive objects.
  - The central executive body implementing state policy in the field of health care provides and organizes provision of medical care and support to mine/ERW victims.
- Changes were made to Cabinet of Ministers Resolution 800 'Some Issues of Social Protection of Children who are in Difficult Living Conditions, including Threats to their Life and Health', on 3 October 2018, relating

to the procedure for interacting with the authorities. Under the revised Resolution, where conflict-affected children are understood to be in difficult life conditions, all relevant government structures (the MoH, MIA, MoSP and MoE) are entitled to find them, assess their needs and respond to these needs. (Articles 3, 5 and 7).

- Resolution 268 'On Approval of the Procedure for Granting the Status of a Child Affected as a Result of Military and Armed Conflict' of 5 April 2017 explains how a child who has been psychologically and/or physically affected can receive the status. The CAS is entitled to support families with the preparation of documentation.
- Resolution 306 'Some Issues of Establishing Disability Relations with Injuries or other Health Damage' of 25 April 2018 explains the procedure for civilians to receive disability status following disability caused as a result of armed conflict. Order 1186/32638 'On Approval of the Regulations on the Interagency Committee on Determining of the Facts of Persons Receiving Injuries or Other Health Damages Received from Explosives, Ammunition and Military Armaments on the Territory of the Anti-Terrorist Operation' of 22 October 2018 supports implementation of the Resolution.
- Departments of Health received Ministry of Health letter 07108/4456 of 21 February 2018 about using medical cards to record mine-explosive injuries. This is expected to support the process of proving that injuries and disability were caused by the military conflict.

### V. RECOMMENDATIONS:

- Involve international expertise in running a state mine victim assistance programme in order to benefit from lessons learned from other contexts, from both a practical and a legislative perspective.
- A national child protection expert participating in the initial mine victim assistance roundtable in February 2019 suggested establishing a working group to develop and adapt a simplified procedure for obtaining the "Status of a Child Affected as a Result of Military and Armed Conflict" with regard to physical injuries (Resolution 268 of 5 April 2017).



## CONCLUSIONS AND RECOMMENDATIONS

The conclusions and recommendations summarized in this section are grouped under the pillars of mine victim assistance, in keeping with the preceding sections. They are based on DRC-DDG's own views, formed as a result of analysing the primary data and interviewing a wide range of affected families and relevant stakeholders from the government and non-government sectors.

The report recognizes certain limitations, in terms of both time and scope, that were accepted as part of the needs assessment process, and specifically the requirement to widen the scope of interventions to include comprehensive assistance to adult victims of mines/ERW who are also primary caregivers of children, in order to safeguard the protective environment for children.

The conclusions and recommendations outlined below are not designed to be exhaustive, but to offer insight based on DRC-DDG's perception of the environment for mine victim assistance in Ukraine.

### DATA COLLECTION

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The Government of Ukraine understands the importance of launching and maintaining a dedicated victim information system (VIS) of mine/ERW casualties and accidents. Being able to accurately record and disaggregate data on victims of the conflict in Ukraine (for example by cause of injury), will allow the Government to demonstrate progress against its obligations under treaties such as the Anti-Personnel Mine Ban Treaty, which calls for the dedicated and comprehensive

support for victims of such devices. Demonstrating compliance with and progress against treaty obligations strengthens the case for additional support, and is likely to ensure that support is more relevant and targeted in critical areas.

A number of different governmental stakeholders (the MoH, MIA, MoD, SES and MoSP), as well as non-governmental mine action agencies, currently obtain data on mine/ERW casualties and accidents during their routine work. There is a clear and pressing need to amalgamate this information in a central database, following a clearly-defined format, so that it can be readily updated, maintained and analysed by authorized personnel and so that the data can support a clear and transparent process by which civilians may receive official status as having been injured as a result of armed conflict. The centralization of such a database will allow the Government to create an accurate picture of the problem, as well as the unmet needs within the country and will inform the response in terms of policies and appropriate funding.

Without a comprehensive VIS, it is impossible to accurately quantify the cost of disabilities caused as a result of the armed conflict to individuals, the economy and society as a whole. A centralized VIS will also help to ensure that relevant compensation and assistance is received by those entitled to it under government policy.

#### RECOMMENDATIONS:

- Ensure standardized and centralized collection of mine/ERW victim data, under the Law on Mine Action in Ukraine of 6 December 2018.
- Disaggregate data on victims of the conflict in Ukraine, including by cause of injury, with sufficient detail to inform the Government about the needs of victims and to allow for detailed analysis and understanding of the context (for example, from a socio-economic perspective).
- Ensure interagency cooperation and information exchange between relevant stakeholders for amalgamation, verification and reporting of incident data via a centralized database. The database should include data on incidents from the early stages of the conflict.<sup>7</sup> It is important to include data on incidents that have taken place in the NGCA, to ensure that survivors have access to assistance in the GCA. Such information can be obtained, including from international organizations collecting data on civilian casualties.
- Provide specialized training for staff appointed for data collection.
- Make statistical information from the national database available on request by relevant stakeholders.

- Improve the existing needs assessment of child mine/ERW victims and their families (based on international best practice).<sup>8</sup> The needs assessment should be conducted by trained staff who are sensitized to issues of mine victims and understands the specifics of mine victim assistance to inform further case management.

## EMERGENCY AND ONGOING MEDICAL CARE

DRC-DDG did not employ medically trained staff for the purposes of this assessment; therefore, the quality of medical care on offer to mine/ERW victims, especially child victims, was not objectively assessed against medical criteria. However, it was DRC-DDG's impression that the range of medical services on offer for mine/ERW victims is essentially largely limited to measures aimed only at saving the lives of the individuals concerned. DRC-DDG concluded that in all cases victims were afforded some level of emergency medical care, as well as referral to specialist institutions for emergency and intrusive procedures, such as surgery and orthopaedics.

However, in terms of follow-up treatment and ongoing care, DRC-DDG concluded that the current system is lacking in the sense that those who reside in rural areas and face long travel distances to medical centres are at a distinct disadvantage to those that live in more urban areas. This is mainly because of the financial costs of regular long-distance travel for those in rural areas. This is exacerbated by the fact that most accidents tend to occur in rural areas among a population that is generally more economically fragile than that of urban areas.

#### RECOMMENDATIONS:

- Conduct an assessment of medical facilities at all levels in Donetsk and Luhansk oblasts in terms of access, and material and technical capacity to support mine/ERW victims and the conflict-affected population. This would identify gaps in equipment and expertise required to adequately deal with complex traumas of the type received in mine/ERW accidents. The results should be shared with the Government, civil society and the NGO community in order to advocate for increased funding, resources and training to fill the gaps identified.
- Ensure allocation of funds to support the travel requirements of victims who are required to make repeated, long-distance travel for the purposes of treatment.

<sup>7</sup> This recommendation should be implemented in accordance with Law 2297 VI 'On Personal Data Protection' of 1 June 2010

<sup>8</sup> United Nations Policy on Victim Assistance in Mine Action (2016)

## PHYSICAL AND OTHER REHABILITATION

The current system for developing Individual Rehabilitation Plans (IRPs) for mine/ERW victims is viewed by DRC-DDG as entirely positive. However, the system requires support in terms of the depth and breadth of care provided, as well as the duration of engagement with each patient. DRC-DDG also noted, on an anecdotal basis, some serious concerns from those who had been subject to treatment (or their families) regarding the quality of medical assistance.

The provision of prosthetics and other assistive devices for child mine/ERW victims is also limited. A perceived lack of funding and specialist expertise results in victims receiving cosmetic prosthetics rather than more expensive, functional items. Without accurate data on the needs of persons with disabilities, it is unlikely that provision of such support will warrant the necessary government attention and allocation of funding. The field of prosthetics is relatively dynamic with emergent technologies routinely under development. Attempts should be made to research the options available in the market and to introduce a wider array of assistive devices into the health care system, particularly for children, who usually require more frequent attention as they grow.

**A DEDICATED 'CASE MANAGER' SHOULD ACT AS FOCAL POINT FOR EACH SURVIVORS AND SURVIVORS' FAMILY**

### RECOMMENDATIONS:

- Ensure provision, care and maintenance of prosthetics and orthotics to mine/ERW survivors (including assistive devices), and introduce a broader array of technology, based on international experience in other contexts of conflict.
- Ensure rehabilitation for mine/ERW survivors during the time required by the individual needs. Patients should be enrolled in a rehabilitation programme that supports them from initial injury all the way through to recovery and exit from the system. A dedicated 'case manager' should act as focal point for each family so the process is streamlined and lessens the burden on the survivors and survivors' family for organizing multiple streams of treatment. Such a role could be assumed in the short term by NGOs and in the longer term by nominated government counsellors or social service staff.
- Ensure that mine/ERW victims receive equal prioritization for treatment as those who were injured by other means: support to survivors should be needs-based rather than cause-based.

## PSYCHOLOGICAL AND PSYCHOSOCIAL SUPPORT

Owing to the protracted nature of the conflict, the high casualty rates, horrific injuries and traumatic nature of the events in eastern Ukraine, a significant number of people caught up in the conflict have been subjected to psychological stress, particularly those who have suffered life-changing physical injuries.

The symptoms of psychological trauma can present themselves immediately or may take time to emerge, often manifesting themselves negatively and resulting in such conditions as clinical depression and PTSD. If not dealt with proactively and preventively, psychological trauma can affect victims as well as their families and close social circles long after the mine/ERW accident.

As of yet, there has been no clinical study in Ukraine to understand the psychological effects on victims of the conflict and the impact this may imply in the future.

### RECOMMENDATIONS:

- Conduct an assessment of the psychological impact of the armed conflict on different segments of the population (differentiated for example by age, location, profession and socio-economic status). Such an assessment should be conducted in order for specialists engaged in support provision to achieve a more informed understanding of the requirement to address psychosocial and psychological consequences in the Donbas region.
- Consider developing a government strategy on psychological and psychosocial support for mine/ERW victims.
- Ensure provision of ongoing counselling and psychological support for mine/ERW victims on a needs basis. Needs should be identified as part of the overall rehabilitation/social inclusion plan for each victim, and should be regularly reviewed throughout the course of a victim's path to recovery.
- Ensure access to high quality psychological treatment for child mine/ERW victims and their families.

# SOCIAL AND ECONOMIC INCLUSION

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Child mine/ERW survivors are likely to require more complex social and economic inclusion support, owing to the requirement for ongoing formal education as well as their dependence on primary caregivers, who are likely to also be directly affected by the victim's increased needs. Mine/ERW accidents more commonly take place in rural areas where access to government services tends to be more limited as does the socio-economic standing of the victims, meaning that mines/ERW have a tendency to disproportionately affect those who are already marginalized relative to those living in urban centres.

DRC-DDG concluded that key areas of support under this pillar of victim assistance for child victims should focus around continuation of education and inclusion or re-inclusion where possible into social and extracurricular activities, as well as enrolment in vocational training programmes aimed at the economic inclusion of those with certain disabilities.

Other key points noted are the need for legal counsel and support for victims' families in the immediate aftermath of accidents in order to ensure that the victim is afforded with the official status of having been injured as a result of armed conflict, as well as the need for continued and evolving mine risk education so that children and caregivers do not begin to lose focus on the prevalent risk from mines/ERW.

DRC-DDG noted quite a variance in the ways that victims are regarded within the school environment, with some seen as 'heroes' or 'survivors', whilst some are involuntarily used as living examples of the consequences of risk-taking behaviour, raising serious concerns over the stigmatization and social alienation of such victims. Such variance suggests the absence of training for teachers on promoting the inclusion of children with disabilities and how to safeguard their social integrity following a physically debilitating injury.

Within school systems, it remains unclear how or if students with disabilities should be graded differently in their exams to take account of their disabilities. There requirement remains to clarify and implement a policy that would create fair allowances for children with certain disabilities to allow them to compete fairly with their non-disabled peers.

The sharing of knowledge and experience between victims and their families, was understood by DRC-DDG to be viewed as positive thing and should be encouraged in order to foster mutual support among families that have undergone similar types of unexpected trauma.

## RECOMMENDATIONS:

- Build an inclusive environment for persons affected by mines/ERW (children and adults) by removing barriers to

full participation in all aspects of life through awareness raising on disability issues among community members, teachers and state body representatives.

- Ensure inclusion of every child mine/ERW survivor in an inclusive educational environment.
- Develop and maintain a 'living service map/directory' for every district/ service.
- Ensure enrolment of mine/ERW victims into state programmes or initiatives for the economic and social inclusion of persons with disabilities.
- Develop a policy on economic opportunities or stipends for primary caregivers that takes into account the additional requirements for care of children with disabilities.
- Ensure the economic inclusion of children with disabilities as an investment in their future. Programmes that can provide vocational training opportunities should be highly encouraged.
- Conduct a study into the socio-economic impact of accidents on child mine/ERW survivors. This is particularly important for identifying educational prospects and therefore the career and life prospects of children after the accident.

# LAWS AND PUBLIC POLICIES

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Under the current system, mine/ERW victims are entitled to certain support, albeit limited in scope and quality. However, in order to receive support, they must receive the legal status of having been injured as a result of the conflict in eastern Ukraine. The process of receiving this status can be laborious and bureaucratic, meaning there is a large discrepancy between those who have received the status (and are thus receiving official government support) and those who have not managed to obtain the status, but nevertheless require assistance.

While efforts are being made to introduce new and updated legislation, the process remains clumsy and unclear.

## RECOMMENDATIONS:

- Adopt a simplified procedure for obtaining the 'Status of a Child Affected as a Result of Military and Armed Conflict' for mine/ERW victims (under Resolution 268 of 5 April 2017).
- Develop a working plan for supporting mine/ERW victims (including economic and social benefits for child mine/ERW victims) as part of the process of developing secondary legislation for the Law on Mine Action in Ukraine from 6 December 2018.

# CONCLUSIONS PAPER

BASED ON FROM STATE OFFICIALS ON THE RECOMMENDATIONS FOR MINE VICTIM ASSISTANCE DEVELOPED UNDER THIS REPORT

July 2019

The Office of the Ombudsman for Human Rights in Kyiv actively supported the analysis and finalization of the recommendations, and was critical for liaison with the relevant state institutions during the process.

On 27 February 2019, the Office of the Ombudsman for Human Rights in Kyiv, the Danish Refugee Council-Danish Demining Group (DRC-DDG) Ukraine, and the United Nations Children's Fund (UNICEF) conducted a round table discussion to raise awareness among government stakeholders and the humanitarian community about the acute issue of comprehensive support to victims of mines and explosive remnants of war (ERW), with a particular focus on child victims.

During the round table, the results of a needs assessment undertaken by DRC-DDG in partnership with UNICEF and its resulting recommendations for mine victim assistance were presented to the representatives of the state institutions and humanitarian partners.

Feedback was kindly provided by the Ukraine Protection Cluster, the Global Mine Action Sub-Cluster, and the following state agencies and ministries, courtesy of the Office of the Ombudsman for Human Rights:

- Ministry for Temporarily Occupied Territories and Internally Displaced Persons
- Ministry of Social Policy
- National Police
- State Emergency Service
- Ministry of Education and Science
- Ministry of Defence
- Ministry for Veterans' Affairs
- Ministry of Health

Each state agency confined its commentary to recommendations related to its legal mandate.

The overall responses were as follows:

- **STATISTICAL DATA** provided according to mandate. In terms of data collection, the Ministry of Health (MoH) appears to have the most accurate information about mine/ERW direct victims. The Ministry reported that, in response to its official request 07.1.08/4456 of 21 February 2018, four oblast administrations (Luhansk, Donetsk, Kharkiv and Dnipropetrovsk) convey information to the MoH every month on victims of explosive trauma. In addition, the MoH Research and Practical Centre for Emergency Medical Aid and Disaster Medicine collects weekly gender- and age-disaggregated data on the number of people killed and injured, and on the types of injuries in eastern Ukraine. The Ministry of Social Policy, on the other hand, has no such policy to disaggregate child mine/ERW victims from all child victims of the armed conflict in eastern Ukraine.
- **LEGAL BACKGROUND** (existing laws, regulations, and orders). The Ministry of Social Policy and the Ministry for Veterans' Affairs reported that Cabinet of Ministers Decree 306 of 25 April 2018 sets out the procedure for establishing the link between disability and injuries received during the armed conflict in eastern Ukraine. The Ministry of Social Policy refers to the Law 'On Rehabilitation of Persons with Disabilities in Ukraine', under which every person with a disability is entitled to receive rehabilitation support.
- **ACTIVITIES** (past and present actions in child protection, support to the conflict-affected population, and activities to reduce mine/ERW risks). The Ministry of Health referenced Decree 1422 'To make amendments to the MoH Decree' of 29 December 2016, which allows doctors to use international clinical protocols. The MoH stated



that this has increased the effectiveness of medical care and optimized costs. The National Police reported that one of its priorities is to implement a package of measures to protect children from the negative impact of the armed conflict, and to conduct preventive and awareness-raising activities for the protection of children from participation in hostilities.

- **DELEGATION OF IMPLEMENTATION OF RECOMMENDATIONS TO REGIONAL DEPARTMENTS.**

For example, the State Emergency Service (SES) has assigned responsibility for implementing recommendations at regional and local levels to the SES head offices in Donetsk and

- **COORDINATION** (internal and inter-agency at state, regional and local levels). The Ministry of Health reported that the Ministry of Defence and the State Emergency Service regularly hold conferences to ensure inter-agency cooperation.

In the feedback provided, there is a lack of recognition of the issue of gaps in comprehensive support for mine/ERW victims. Taking this into consideration, along with the fact that a centralized system of data collection on mine/ERW casualties with proper disaggregation has still not been developed, the state will be challenged to form a clear vision on further steps for its own mine victim assistance programme. Nonetheless, Ukraine has displayed goodwill and readiness to take advantage of international expertise and comprehensive support to develop a collaborative national mine victim assistance programme and corresponding action plan.

**As of July 2019, the following steps are recommended for mine victim assistance advocacy efforts by DRC-DDG and UNICEF, in partnership with the Office of the Ombudsman:**

- Participate in the national Coordination Council on Child Rights and Family Protection (September-October 2019) in Kyiv to bring the council members' attention to the challenges and opportunities for improving support systems for mine/ERW victims.
- Prepare a letter for the Cabinet of Ministers of Ukraine with suggested solutions and action points aimed at improving the support systems for mine/ERW victims and their families. The letter will be informed by the outcomes of the Child Protection Coordination Council and state responses to the recommendations, as outlined above.





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