

SUMMARY REPORT - April 2026

CHILDREN'S ACCESS TO ESSENTIAL SERVICES:

Perspectives and Practices of Non-State Armed Groups and De Facto Authorities



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EXECUTIVE SUMMARY

This report summarises findings from four case studies – Mali, Myanmar, Occupied Palestinian Territory, and Yemen – conducted in 2025 by Fight for Humanity and the Centre on Armed Groups. It finds that across the four contexts, children’s access to essential services is primarily constrained by political fragmentation, competing contested governance structures, insecurity, infrastructure destruction and shrinking humanitarian space. Non-state armed groups (NSAGs) and de facto authorities (DFAs) are not outright opposed to providing services to children in their areas of control or influence, yet engagement by international humanitarian actors remains inconsistent and overly cautious.

A shift toward principled, structured engagement with NSAGs/DFAs; strengthened localisation; investment in education and mental health; and coordinated humanitarian diplomacy focused on children’s rights is necessary to prevent further erosion of children’s access to essential services – including protection – in conflict-affected settings.

While most NSAGs/DFAs formally recognise children’s rights and accept humanitarian assistance in principle – and in some cases provide services themselves – they frequently impose administrative, political, and security-related restrictions. These include registration requirements, taxation, interference in programming, and denying access to services driven by authority assertion, political competition, or ideological considerations. Such restrictions significantly reduce service access for children, and heighten their protection risks.

Direct engagement with NSAGs/DFAs has at times yielded positive outcomes, such as reduced child recruitment, reopening of schools, and the lifting of sieges. However, political sensitivities, counterterrorism regulations, and institutional risk aversion limit humanitarian actors’ engagement, leading to reliance on local organisations and community leaders. Local actors play a central role in navigating fragmented governance systems but remain underfunded and overburdened, underscoring the need for stronger support and more pragmatic engagement approaches.

Across contexts, denial or restriction of humanitarian access in NSAG/DFA areas has become structural and increasingly normalised, often resulting in unequal aid distribution and perceptions of bias towards state areas. Children are disproportionately affected through school closures, malnutrition, mental health deterioration, exposure to explosive hazards, and recruitment as child soldiers.

Education, mental health support, and child protection emerge as possible entry points for constructive engagement, as these were highlighted by several of the NSAGs/DFAs consulted.

The report concludes with a series of recommendations to humanitarian actors and donors for improving children’s access to essential services in areas under the control of DFAs/NSAGs.

“Children here are robbed not only of food and school, but of childhood itself.”
Humanitarian worker in Al-Makha, Yemen

ACRONYMS AND ABBREVIATIONS

AA	Ansar Allah
CBO	Community-Based Organisation
CMA	Coordination des Mouvements de l’Azawad
CSO	Civil Society Organisation
DHA	Denial of Humanitarian Access
DFAs	De Facto Authorities
DTG	Designated Terrorist Group
EAO	Ethnic Armed Organisation
ECHO	European Commission’s Civil Protection and Humanitarian Aid Operations
EIS	Etat Islamique au Sahel
EU	European Union
FGD	Focus Group Discussion
FLA	Front de Libération de l’Azawad
GHF	Gaza Humanitarian Foundation
IDP	Internally Displaced Persons
IHL	International Humanitarian Law
IHRL	International Human Rights Law
IRG	Internationally Recognised Government (Yemen)
JNIM	Jama’at Nusrat al-Islam wal-Muslimin
KII	Key Informant Interview
KNU	Karen National Union
NGO	Non-Governmental Organisation
NSAG	Non-State Armed Group
NRF	National Resistance Forces
NUG	National Unity Government
PA	Palestinian Authority
PDF	People’s Defence Forces
PLC	Presidential Leadership Council
STC	Southern Transitional Council
UN	United Nations
oPt	Occupied Palestinian Territory

I. INTRODUCTION

Background and scope of the report

Children in conflict zones face mounting barriers to accessing life-saving humanitarian assistance due to widespread denial of humanitarian access (DHA). Research from Save the Children shows that in 2024 more than 500 million children were living in conflict-affected areas – twice as many as in 1990.¹ DHA has reached an alarming scale globally, as illustrated by the 7,906 verified incidents by the United Nations (UN) Secretary-General’s 2025 annual report on children and armed conflict,² with the actual number most likely being much higher. These incidents are perpetrated by both State and non-State armed actors.³ They include attacks on aid and healthcare workers, bureaucratic and administrative impediments, aid diversion, interference in humanitarian programming, restrictions of movement and denial of access to basic services. The scale of DHA has catastrophic humanitarian consequences, with a unique and disproportionate impact on children. Millions of children in conflict areas have been prevented from accessing food, healthcare, and education services. DHA is not only a direct assault on children’s survival in the immediate term, but also increases their vulnerability to other grave violations, including abduction, recruitment into armed forces or armed groups, sexual violence – including early and forced marriage – and killing or maiming.

The project “*Strengthening Humanitarian Access for Children in Conflict: Integrating field insights and expertise on armed actors with policy guidance and advocacy*” seeks to address these challenges and contribute to improving humanitarian responses through consultations with key stakeholders, including armed actors. This research component of the project was conducted by The Centre on Armed Groups and Fight for Humanity, and funded by the European Commission’s Civil Protection and Humanitarian Aid Operations (ECHO). The project combines research, capacity-building, and advocacy.

The research component investigates the perceptions, motives and practices of selected non-state armed groups (NSAGs) and de facto authorities (DFAs) regarding children’s access to essential services and protection across four contexts – Mali, Myanmar, the Occupied Palestinian Territory (oPt), and Yemen. The four case study reports – which remain confidential to avoid jeopardising humanitarian efforts – include context-specific examples, analysis of the factors behind DHA and consideration of access negotiation practices.

This summary report synthesises findings from the case studies and provides recommendations for humanitarian actors and donors. Ultimately, the project aims to help humanitarian actors better navigate access challenges for children in conflict, and to support evidence-based advocacy that influences policy and promotes accountability. By combining research, capacity-building and advocacy, the project hopes to strengthen aid and care for children in conflict-affected settings.

Acknowledgments

This report was drafted by Pascal Bongard, Senior Humanitarian Adviser and Researcher with the Centre on Armed Groups, and Anki Sjöberg, Co-Director at Fight for Humanity. It draws on research conducted across Mali, Myanmar, the oPt, and Yemen in collaboration with experienced consultants: Tahani Mustafa, Ronald Oferinger, Chris Rush, and Wameedh Shakir. It also builds on the authors’ experience and prior research work in the four geographic contexts and beyond.

The authors would like to thank all the persons (humanitarian workers, experts, community leaders, members of civil society, donors, NSAGs/DFAs, and governments) who participated in the research and shared their insights. However, the views expressed in this report are the authors’ own and do not necessarily reflect those of the participants nor the partner organisations.

Methodology

The research sought to answer the following overarching questions:

- How do NSAGs/DFAs view their responsibilities towards the respect and protection of children as well as their access to essential services?
- What do they see as the main challenges that children face when accessing essential services?
- What are the driving factors that lead NSAGs/DFAs to deny or restrict humanitarian access? What is the impact of such denials or restrictions on children and humanitarian operations?⁴
- How can NSAGs/DFAs be effectively engaged towards the provision of child aid and care? What lessons and good practice can be learned from previous experiences of humanitarian access negotiations with NSAGs/DFAs?

The four case studies were selected based on the following criteria: (1) nature and impact of challenges for children's access to essential services and humanitarian aid; (2) diversity in the types of NSAGs/DFAs scrutinised (in terms of motivations, organisational structure, territorial control, governance capacity, service provision, etc.); (3) existing knowledge base, access and networks of the researchers, especially established contacts with and channels to the target NSAGs/DFAs.⁵

The case study research was based on extensive literature reviews, key informant interviews (KIIs) and focus group discussions (FGDs) conducted between February and November 2025. A total of 143 KIIs and four FGDs were conducted for the case studies – including in-country, in neighbouring/third-party countries and remotely – with a range of key informants from NSAGs/DFAs, governments, UN agencies, non-governmental organisations (NGOs – international and local), community-based organisations (CBOs)/civil society organisations (CSOs), community leaders, religious leaders, experts, and donors. Given the sensitive nature of the topic and to encourage an open exchange and sharing of insights, interviews were conducted on a confidential basis. In addition, eight written responses to the research questionnaire were provided, some of which were from DFAs. Findings were presented at closed-door learning events that were conducted for each geographical context, as well as during a global workshop in Geneva with humanitarian practitioners.

These various methods allowed the researchers to compare the perspectives of NSAGs/DFAs with multiple sources (both primary and secondary), including first-hand accounts of their practices by external stakeholders, offering a more nuanced picture of the role – both positive and negative – played by NSAGs/DFAs. **Consultations with NSAGs/DFAs and the reproduction of their views and narratives does not imply endorsement.** The consultations built on methodologies developed through pilot research in 2024⁶ and benefited from an online global inception workshop that brought together selected stakeholders, including practitioners, researchers and other experts on child protection and humanitarian engagement with NSAGs.

The concept of “children’s access to essential services”

The choice was made to reframe the focus from “denial of humanitarian access” in the consultations to “children’s access to essential services”, for two main reasons:

- 1) to have a positive and non-accusatory framing that would motivate interlocutors from DFAs/NSAGs to engage in a discussion on the topic, rather than to focus on “denial”, which implies a deliberate intention to deprive children of services.
- 2) to put an emphasis on the right of children to access these services when communicating with the NSAGs/DFAs, regardless of who delivers them (DFAs/NSAGs, states, CBOs/CSOs, international actors) rather than the right of humanitarian actors to reach children.

The project was conceived with an understanding that essential services provided to children include protection, but it did not provide a definition of what those essential services are. Rather, the perspectives of DFAs/NSAGs on what they consider essential services were included in the analysis.



Case study contexts

Mali

Since 2012, Mali has experienced multiple armed conflicts involving the state armed forces and a range of NSAGs. Following the 2013 French-led intervention, Islamist groups regrouped and expanded from northern to central Mali. In 2017, these groups consolidated under Jama'at Nusrat al-Islam wal-Muslimin (JNIM), while the Islamic State in the Sahel (EIS) emerged as a rival. JNIM strengthened its position through military operations, local alliances, and forms of shadow governance, expanded into Burkina Faso and western Niger, and engaged in sustained clashes with EIS between 2019 and 2020.

The withdrawal of French and European forces and the deployment of Russian private military companies in 2022 coincided with a sharp escalation in violence. From 2022 onward, JNIM intensified attacks on military installations, imposed sieges on towns in central and northern Mali, expanded operations toward the south and west, and in 2025 enforced fuel embargoes affecting major urban centres, including the capital Bamako.

In parallel, relations between the state and Tuareg independentist groups deteriorated following the withdrawal of the UN peacekeeping mission in 2023. Hostilities with the Coordination of Azawad Movements (CMA) resumed. Malian forces then seized the CMA's stronghold, Kidal. In 2024, the 2015 Algiers Agreement was annulled, and the CMA reorganised into the Azawad Liberation Front (FLA).

Late April 2026, FLA and JNIM carried out a major offensive with attacks directed at the Bamako, Kati, Gao and several locations in the country in a coordinated attack. Moreover, the FLA retook control of Kidal.

Alongside these conflicts, central Mali has continued to experience communal violence since 2016, particularly between Peulh and Dogon communities, involving militias such as Dan Na Ambassagou.

Myanmar

Myanmar has faced persistent armed conflict since its independence in 1948, driven by political, social, and economic grievances and primarily involving the military-dominated central state and ethnic armed organisations (EAOs). Historically, conflict was concentrated in border regions and marked by cycles of fighting and fragile ceasefires. A peace process launched in 2011 led to a Nationwide Ceasefire Agreement signed by some EAOs, but key armed actors remained outside the framework and progress stalled.

The conflict entered a new phase following the 2021 military takeover. Violent repression of mass protests triggered widespread armed resistance, including the rapid emergence of hundreds of People's Defence Forces (PDFs), often associated with the National Unity Government (NUG) and supported or trained by EAOs such as the Karen National Union (KNU). Fighting subsequently spread nationwide, including into Bamar-majority areas previously unaffected by sustained conflict, resulting in unprecedented fragmentation. Unlike the KNU which has long established governance structures in many of the areas under its control, the NUG has been in the process of setting up local administrations in contested areas.

In 2023, the Three Brotherhood Alliance (a coalition of three EAOs) launched coordinated offensives that enabled opposition forces to capture significant territory. Although the Myanmar military later regained ground in some areas, the conflict has remained intense. Elections organised by the military in 2025 and early 2026 were widely viewed as neither free nor fair, leaving the conflict unresolved.



Occupied Palestinian Territory (oPt)

The conflict in the oPt is one of the world's longest running, rooted in the unresolved question of Palestinian statehood and Israel's military occupation of the West Bank, Gaza, and East Jerusalem since 1967. The Oslo Accords established the Palestinian Authority (PA) with limited self-rule in parts of the West Bank, while Hamas took control of Gaza in 2007, resulting in enduring political and territorial fragmentation.

The conflict escalated sharply after 7 October 2023, when Hamas and allied armed groups launched a large-scale attack involving widespread and indiscriminate violence against civilians in southern Israel. Israel responded with an extensive military campaign in Gaza comprising airstrikes, siege measures, and ground operations, leading to mass civilian casualties, widespread displacement, and the collapse of civilian infrastructure. A temporary ceasefire in early 2025 enabled limited humanitarian access and exchanges of hostages and prisoners, followed by a US-led phased ceasefire and exchange arrangement agreed by the parties in October 2025. Implementation nevertheless has stalled, and the arrangements have remained fragile, marked by repeated breaches and continued insecurity.

In the West Bank, the PA is facing declining and increasingly fragmented authority due to settlement expansion, rising settler violence, sustained Israeli security operations – particularly in refugee camps – and the emergence and persistence of autonomous armed groups, particularly in Jenin and Nablus.

Hamas, founded in 1987, combines political, social, and military structures, but the war has severely degraded its governance capacity in Gaza and reportedly deepened internal strains between political leadership abroad and military commanders on the ground.

“Consultations with NSAGs/DFAs and the reproduction of their views and narratives does not imply endorsement.”

Yemen

The conflict in Yemen began with the 2011 Arab Spring protests and escalated after the Ansar Allah (AA, or Houthis) movement seized Sanaa in 2014, evolving into a complex war involving domestic factions and regional actors. While attention has focused on the conflict between the Saudi-backed government and AA, rivalries within the anti-AA camp have also shaped the trajectory of the war.

Yemen is effectively divided between AA-controlled north-western areas, including Sanaa and key Red Sea ports, and a fragmented anti-AA bloc in the south and east anchored in the Presidential Leadership Council (PLC). Although internationally recognised, the PLC's authority on the ground has remained uneven and contested. Since the expiry of the UN-mediated truce in October 2022, large-scale frontline fighting has remained relatively contained, with diplomacy shifting toward Saudi-AA negotiations facilitated by Oman and a US-brokered maritime ceasefire in May 2025. Control in southern Yemen has remained highly fragmented. The Southern Transitional Council (STC), formed in 2017 with United Arab Emirates backing and advocating southern secession, consolidated influence in Aden and parts of the south, while Islah-aligned forces retained control in Taiz and the National Resistance Forces (NRF) established themselves along the west coast around al-Makha. Although formally part of the PLC, these actors have maintained parallel chains of command and administrative structures, generating competition with state institutions and among themselves. Since late 2025, shifting military and political dynamics have significantly weakened and further fragmented the STC, with government-aligned forces reasserting control in parts of the south.

II. KEY FINDINGS

1 The understanding of NSAGs/DFAs of childhood and children's access to essential services

Questions:

- What are NSAGs/DFAs' conceptions of childhood?
- What services do they consider essential for children's well-being?
- What are the existing situations in terms of children's access to essential services and the main needs children have in their areas?

General recognition of children's vulnerabilities

Most NSAGs/DFAs analysed as part of this research consider children as persons under 18 who possess unique vulnerabilities and deserve special protection. For example, according to a representative interviewed, children are more susceptible to negative conditions such as starvation, due to "the inability of children to defend their rights, their inability to make decisions, and the possibility of being exploited by adults." Another representative recognises that "children are vulnerable, particularly in conflict areas, and have special needs". "Children must be protected from the effects of war. We would have fought for nothing if future generations are traumatised by violence and can no longer imagine a normal life", says another group. In relation to the age, most NSAGs/DFAs consulted consider that 18 is becoming accepted as the international standard for adulthood and refer to the United Nations (UN) Convention on the Rights of the Child, though this standard goes beyond their strict obligations under customary International Humanitarian Law (IHL).⁷

Commitments to the protection of children and education

Most of the NSAG/DFAs analysed have committed to prohibit the recruitment and use of children in hostilities, to protect schools from attack and military use, and to provide aid and care to children, including access to healthcare and education. These commitments are expressed in their internal regulations as well as in public pledges. For example, in the West Bank, the main legal framework of reference is the Child Law No 7, which is similar in content to the UN Convention of the Rights of the Child. Hamas representatives refer to the same Palestinian Child Law, in addition to IHL, International Human Rights Law (IHRL), and Occupation Law (for Israel) as the applicable law that should be regulating children's access to essential services. In Myanmar, the KNU has signed Geneva Call's *Deed of Commitment for the Protection of Children from the Effects of Armed Conflict* and endorsed the Safe School Declaration. In Yemen, the STC signed the same Deed of Commitment in 2019, and AA has entered an Action Plan with the UN to end and prevent the killing and maiming of children, their recruitment and use in armed conflict, attacks on schools and hospitals as well as other grave violations.

Persistence of gaps between commitments and practice

Yet, despite these commitments, several NSAGs/DFAs admit that they face challenges to ensure compliance. For example, in Myanmar, though the military code of conduct prohibits PDFs from enlisting children under 18 years of age, some commanders still accept underage fighters. The KNU mentions the lack of internal monitoring and reporting systems as well as age assessment protocols as challenges. Other stakeholders report that child recruitment and use remain an issue in both AA and the Internationally Recognised Government (IRG) areas of Yemen.⁸ Moreover, a notable exception to the straight-18 policy is JNIM in the Sahel. Pursuant to its doctrine (Jihadi Salafism), this group frequently uses

the term “innocent civilians” and mentions specifically children among protected categories of people. However, it is not clear what age limits are being applied for recruitment. JNIM’s attitude towards the public education system is also ambiguous. Though not hostile to education as such, including for girls, the group has in some circumstances attacked schools out of rejection of Western values taught in secular schools and chased away teachers. The practice appears to have differed according to the phase of the conflict and the respective sub-group involved.

Understanding of differentiated child vulnerabilities

Several of the NSAGs/DFAs consulted showed a sensitivity to the differentiated vulnerabilities of children. DFAs in oPt particularly highlighted the special needs of girls, but also children with disabilities of both genders, children in detention (boys), as well as orphans, injured children or children with chronic diseases and special medical needs. For Yemen, it can be noted that while NSAGs/DFAs, government and local CSO representatives did refer to displaced and rural children, children lacking legal documentation, girls, and to a lesser extent child soldiers, children in detention and with disabilities as particularly vulnerable groups, they do not mention migrant children. The same goes for marginalised groups such as the Yemeni nationals of African origin, often known as the “Muhamasheen”. Similar considerations were mentioned during the FGDs in Mali, stressing the greater risk of early marriage, other gender-based violence and school drop-out for girls, while boys are more exposed to the risk of recruitment by armed groups and economic exploitation. Moreover, access for children with special needs remains very limited due to a lack of suitable infrastructure and specific care. In Internally Displaced Persons (IDP)/refugee camps, certain services (protection, nutrition, education) exist but remain insufficient. Former child soldiers have limited access to basic social services due to stigmatisation, lack of psychosocial support and difficulties in returning to school or finding employment.

General agreement on the importance of children’s wellbeing

Overall, there is a shared view across the NSAG/DFAs analyzed, that children should have access to aid and essential services, in particular healthcare and education. NSAGs/DFAs in Yemen and oPt particularly stress the lack of access to education, food and adequate nutrition, and the lack of health care and mental health/psychosocial support as key gaps for children, including after the end of active conflict. As lamented by a representative of the STC in Yemen: “after the war, children no longer want to study or integrate into society.” For the NUG in Myanmar, education also comes up as a key priority: “Children are the future of our country, and we are responsible as a legitimate government to ensure their wellbeing and education”, says a representative. FLA in Mali agrees that children have a right to education, healthcare, and other services, and that it is a moral responsibility to protect these rights.



Systemic barriers limiting children’s access to aid and services

Many NSAG/DFAs analysed feel that children’s access to aid and services is limited in their areas of control or influence due to state access restrictions, as well as due to risk aversion by humanitarian actors. For example, in Myanmar, both KNU and NUG denounce the weaponisation of aid and attacks against civilians by the military and consider that the international humanitarian community, and UN agencies in particular, have been imbalanced in their response, neglecting NSAG-controlled areas, where the needs are allegedly the greatest. This view is echoed by many humanitarian stakeholders interviewed as part of this study who deem that the people living outside of the military-controlled areas do not benefit from adequate assistance and services. In Gaza, respondents consistently identify Israel’s blockade, destruction of civilian infrastructure and systematic obstruction of aid as the dominant structural barrier to children’s access to essential services. With a deteriorating security situation in the West Bank, the PA also reports increased obstacles to service provision for children. In Mali, essential services are virtually non-existent in rural areas outside the control of the authorities. This disparity in humanitarian response and service availability is problematic because JNIM is present and expanding in the very areas that receive less aid, which may fuel perceptions that humanitarian actors have compromised the principle of impartiality. In Yemen, the situation is slightly different as a NSAG/DFA (AA) controls an important part of the country, including the capital Sanaa, and the view is that a disproportionate amount of humanitarian aid goes to AA areas. According to government representatives, this is due to international organisations and NGOs relying on “outdated [population] statistics” when assessing the needs of children.⁹ NSAGs/DFAs in the IRG areas stress that children near the frontlines and in the rural areas are often left out of services.

2 The role of NSAGs/DFAs in providing or facilitating children’s access to essential services

Questions:

- How do NSAGs/DFAs see their responsibilities towards children?
- Do they provide services to children and/or facilitate their provision by other actors?
- Do they have special measures to protect children and schools from the effects of military operations?

Service provision

Several DFAs analysed as part of this research provide education, healthcare and other services to the local populations, including children, in areas under their control. These services vary in reach, scale, quality and level of support. In Myanmar, the KNU has long established departments dedicated to providing education, healthcare and welfare. It also cooperates with other organisations, most notably CSOs/CBOs, in relation to the delivery of humanitarian aid. For example, the Karen Education and Culture Department has been providing education in KNU-controlled areas for decades. In the 2024-2025 academic year, it has reportedly administered 1,671 schools with 11,192 teachers for 140,732 students. With the support of UN agencies and NGOs, the PA provides essential services to children in the West Bank, including education, primary health care and support to vulnerable families. Since the 2021 coup, the NUG has established parallel ministries for education, health, humanitarian affairs and disaster management, although their reach is limited in many regards. In Yemen, the NRF has set up a “Humanitarian Cell” which undertakes education and healthcare delivery, while the STC runs hospitals. AA provides services notably through its Ministries of Social Affairs and Labour, Education, and Public Health and Population, with the support of UN agencies and a number of NGOs. Other DFAs, such as Hamas, the NUG and the STC, have set up departments or coordination bodies dedicated specifically to women and children.

By contrast, in Mali, none of the NSAGs have developed their own provision capacities in their areas of operation, though the FLA has reportedly provided some support to the rehabilitation of schools and the distribution of medicine to displaced communities. Da Na Ambassagou considers it the responsibility of the

state to provide services. When and where JNIM holds control it supports the functioning of existing services, and encourages impartial aid groups to provide emergency relief, health, livelihood support such as seed distributions, vaccination of cattle, etc., to fill the void left by the authorities.

Facilitation and regulation of humanitarian access

All NSAG/DFA analysed for this research consider themselves as playing a role in facilitating humanitarian aid provided by other actors in areas under their control or influence. Yet, most of them have established conditions for allowing humanitarian access. The most cited conditions include requiring prior authorisation to operate, project approval and notification of movements.¹⁰ For example, in Myanmar, both KNU and the NUG have set up formal registration procedures for humanitarian organisations. Organisations that fail to notify these authorities in advance or enter the area without prior authorisation are stopped and transported goods are checked by associated forces, claims NUG. In Mali, Da Na Ambassagou expects humanitarian organisations to inform them about their activities: “we want to know who is doing what and where”. Other conditions established by NSAG/DFAs range from imposing staff background checks and taxation to removal of emblems with religious connotations, imposing dress codes for female humanitarian workers as well as gender segregation. Though many NSAG/DFAs feel responsible for the security of aid workers in their areas, only a few require the use of armed escorts. Several NSAG/DFAs also insist on humanitarian actors’ adherence to their laws. For example, PA requires organisations to comply with Palestinian laws and policies and to make sure their programmes are aligned with national priorities.

“Right of control” and taxation

Not all these conditions are inconsistent with IHL as parties to conflict can exert some measure of control over the delivery of humanitarian aid. Such measures may include verifying the nature of the assistance and temporarily restricting humanitarian access for reasons of imperative military necessity.¹¹ This “right of control” must not be used however to unreasonably delay, disrupt or block essential aid, which could amount to an unlawful DHA. On the flip side, the lack of control by DFAs has also sometimes been criticised. For example, in Gaza, some representatives from Hamas and civil society have lamented that the responsible ministry, the Ministry of Interior, is no longer able to control and monitor organisations or ensure the quality of their work, allowing “anyone” to operate in a chaotic manner. With regards to taxation, whose legality under international law is often questioned by humanitarian organisations, according to the ICRC, “if an armed group exercises stable control over territory and establishes a de facto governance system that provides services to the population, their imposing of “taxes” to finance administration and services may not amount to pillage”, which is prohibited under IHL. “This would require, however, that taxes be collected in accordance with a consistent and transparent policy that is enforced through lawful measures in a non-discriminatory manner.”¹²

Varying degrees of acceptance of state services

As expected, many NSAG/DFA are reluctant to allow aid or services provided by state authorities and/or organisations they perceive are state-associated (for example, the Myanmar Red Cross Society was mentioned by both KNU and NUG) or aid coming from certain third-party states involved in the conflict (such as food baskets originating from the United Arab Emirates for some actors in Yemen) or with certain ideological or religious affiliation (such as the Muslim Brotherhood for others), alleging that these actors are “spoiling humanitarian work”. Some DFAs, such as KNU, have amended state curricula and introduced new subjects, such as their ethnic language. Their education systems are not recognised, which impacts students’ ability to pursue higher education abroad.

Yet, in some contexts, NSAG/DFA are open to coexist with state services that are essential for the local population, such as education, health, and civil documentation. JNIM for example has agreed to Quran classes before regular school and the continued functioning of public education under certain conditions (separation of boys and girls in classrooms, teaching of the Arabic language in parallel to French, etc). These conditions appear challenging to implement given the lack of availability of teachers and classrooms, but are interesting examples of the coexistence of the two systems. In Sri Lanka during



the civil war, the government cooperated with the Liberation Tigers of Tamil Eelam in providing primary health care to the population and continued to supply the hospitals and pay salaries.¹³ Similar dynamics also existed in Northeast Syria with the DFA and the Assad regime.¹⁴

Varying levels of protection measures

Most NSAG/DFA consider themselves as having a role in protecting civilians (including children) and civilian objects (including schools and hospitals) from the effects of military operations. Measures that have been taken include the prohibition of landmines (both antipersonnel and antivehicle), informing local populations and humanitarian agencies about the location of mined areas, evacuating civilians to safe areas in the event of attacks from opposing forces, building shelters to protect civilians from airstrikes and drone attacks, and warning local populations to move away from military targets. For example, in Myanmar, the PDFs assert that they warn local villagers when they will be carrying out a military operation and arrange accommodation for displaced people. KNU said it has cancelled planned attacks because of the presence of civilians. In Yemen, in spite of accusations to the contrary, AA claims that “There are no circumstances that allow attacking civilian infrastructure (e.g., schools, hospitals, warehouses, etc.)” In the same way, Hamas representatives argue that its forces do not use schools, hospitals or other civilian infrastructure, and that any staff members of the ministries that may be working from such places or visiting them are civilians. However, several NSAG/DFAs interviewed consider it legitimate to attack schools occupied by opposing forces if the school is not functioning and/or civilians are not present in the vicinity. Earlier studies found similar views.¹⁵ In the case of JNIM, the group has encouraged the population to evacuate the most vulnerable (including children) across the border to Mauritania to ensure their safety. Regarding the protection of education, its practice reflects a mixed picture. In some circumstances, sub-groups have attacked schools while in others JNIM has assured the continuity of public education, as mentioned above.

3 The role of NSAGs/DFAs in restricting or denying humanitarian access for children’s essential services

Questions:

- What do NSAG/DFA identify as the main challenges preventing children’s access to essential services?
- Why do they restrict or deny humanitarian access?
- What is the impact of such restrictions or denials on children?

NSAGs/DFAs report a variety of challenges in providing and/or facilitating essential services for children, often linked to external factors. Usually, these self-reported challenges do not relate to the NSAGs/DFAs themselves; yet there are some examples related to their own limitations, as well as their desire to control or regulate humanitarian work.

Limited capacity of NSAG/DFAs and external factors

In Myanmar, both KNU and NUG acknowledge that they do not have the capacity and resources – neither human nor financial – to provide adequate services to children living in areas under their control. They lament the lack of support from the international community to their relief wings and service providers. While some donors do support them, others are reluctant due to concerns about legitimising parallel governance structures. In Gaza respondents are clear that the biggest challenge they face is the security situation, the destruction of infrastructure and services, the looting of humanitarian goods by armed groups and criminal elements, as well as various access restrictions imposed by Israel, for example on imports (alleged “dual use” of a number of goods relevant to children, such as toys, food, and school and medical materials) and on medical evacuations of children in need of treatment. Hamas mentions the lack

of funds and safe ways to pay salaries to the employees of the authorities as an additional challenge, as well as the targeting of civilian employees of its ministries, which contributes to the collapse of the de facto government and the breakdown of any service provision to children. In the West Bank, checkpoints, road closures, permit delays, and Israeli security forces and settler violence have significantly hampered movement and access by preventing staff and children from reaching schools, clinics, and programmes in support of children.

In Yemen, NSAGs/DFAs, including the STC, the NRF, and Islah-linked interlocutors, identified insecurity, shortage of qualified staff, resource scarcity, and fragmented governance as the main challenges affecting children's access to essential services. The lack of capacity and knowledge on children's rights and humanitarian action was specifically mentioned by both NSAG/DFA and government interviewees as a contributing factor. According to them, the restriction of humanitarian access is shaped by political competition, weak coordination, and direct obstruction by (other) armed groups, such as AA, who use landmines on roads, and block access to essential resources, like water. The STC also stressed that its forces lack training and guidance on how to facilitate humanitarian work. AA described access constraints in similar terms, but emphasised mainly the role of external factors, notably airstrikes, blockades, economic restrictions, lack of funding and international support, and the destruction of infrastructure, including schools and medical centres. The main internal challenges mentioned by AA are the limited resources and the lack of health and educational staff.

In Mali, several interviewees underlined the limited availability of essential services in areas outside the control of the authorities. The general view was that the state has been absent from rural areas, NSAGs do not provide services, and only a few humanitarian organisations operate due to perceived risks and overly strict internal rules. Yet the needs of civilians, especially children, in these hard-to-reach areas are significant, particularly with the increased arrival of IDPs.

“Several respondents interviewed believe it is legitimate for DFAs to somehow regulate humanitarian access and control who is operating in their areas”

Exercise of administrative control and state-like authority

All DFAs consulted for this research feel entitled to control or regulate humanitarian access, mainly for political and security reasons. They see themselves as de facto governments of the areas they control and have some form of policy or procedure in place. For example, in Myanmar, as the KNU and NUG consolidate territorial control, they have increasingly introduced administrative requirements for humanitarian actors and have made demands to recognise their state-like authority through direct engagement. This creates significant challenges for agencies which have not established relationships or channels of engagement. In Gaza, as noted by an interviewee, especially in the pre-October 7 situation when exercising more control, Hamas wanted to look like a state, to show their people that they can provide food. They were “doing what every DFA would do: try to control where humanitarian aid goes and who benefits from it.” None of the respondents reported that Hamas would “take it [aid] for themselves,” but some argued that its past interferences could have contributed to a perception of politicisation of humanitarian aid.¹⁶ This does not, however, justify Israel's hindrance of humanitarian aid or diminish its obligations under Occupation Law to provide for the needs of the affected populations.

While aid workers interviewed generally agreed that NSAGs/DFAs have facilitated the provision of services and impartial humanitarian assistance in areas under their control or influence, the conditions established by some of them, such as KNU and NUG for example (registration, travel authorisation, taxation, approval at district level), have generated criticism, especially among international humanitarian organisations working in areas controlled by the Myanmar military. On the other hand, several respondents interviewed believe it is legitimate for DFAs to somehow regulate humanitarian access and control who is operating in their areas (notably for security concerns) as well as to seek financial compensation for the assistance that their administrative staff provide to facilitate the work of aid agencies.

Interference in humanitarian programming

Yet the line between oversight and interference in humanitarian programming is thin. Some INGOs reported pressure from NSAGs/DFAs to hire affiliated staff, work with affiliated CBO/CSO and prioritise aid to populations that support them. Other respondents reported corruption, aid diversion and taxation of beneficiaries by NSAGs. For instance, for AA areas, international actors specifically highlighted that authorities were restricting access through interference in programming, in addition to bureaucratic procedures, taxation and the detention of aid workers. Examples range from controlling which communities benefit from aid, influencing the hiring of staff, to placing limitations on data collection and community outreach. Such measures both hamper children's access to essential services and make services less effective and adequate, as interventions cannot be based on accurate data and a real understanding of the situation through engagement with the communities. Some interventions aimed to benefit children have also been cancelled, due to legitimate risk mitigation measures and insufficient data on which to base the programming, which has reportedly been the case in north Yemen.

Suspicion of intelligence gathering

Another reason for denying or restricting access is due to suspicion by NSAGs/DFAs of intelligence gathering under the cover of humanitarian work. Spying is a common concern among many NSAGs/DFAs across the four case studies and beyond,¹⁷ whether mentioned explicitly or not. In Mali, JNIM has targeted civil servants based on suspicions that they are state informants. Its combatants have also regularly questioned – and sometimes detained – aid workers to verify their identities and check whether their missions were greenlighted by JNIM. Data collection, either for assessments or research, is often especially difficult for humanitarian organisations to get approval for, especially in certain areas such as those controlled by AA. Some NSAGs/DFAs also restrict humanitarian aid or equipment (e.g., satellite phones), arguing they could be used politically or to reveal their location to opposing forces – as seen in Yemen.

Fragmented and competing authorities

Competition, fragmented authority and overlapping approvals were repeatedly identified in the case of IRG-controlled areas of Yemen, making the work of humanitarian actors more complex and much slower, leading to delays in programmes that would benefit children. Security risks in frontline areas also lead to denial of access. Similar to Yemen, in Myanmar, with the fragmentation and shifts in territorial control, humanitarian organisations often need to navigate multiple layers of administrative approvals across competing authorities, with different parallel requirements on the selection of project locations and beneficiaries, further complicating timely delivery of aid and services to children. These requirements can exacerbate operational challenges and raise broader questions about which actors constitute the appropriate duty-bearers for engagement and which legal frameworks humanitarian organisations are expected to comply with. Moreover, the autonomy of local commanders from central leadership structures and the lack of coordination on the ground present significant challenges, especially in terms of logistics and security.

Political, ideological and religious motivations

Hindering humanitarian aid and access to essential services is also often politically motivated. For example, in Mali, according to several interviewees, JNIM aims to stir up popular discontent through fuel embargos, while at the same time undermining the state's authority and its capacity to meet the population's needs. Yet, embargos also undermine the capacities of humanitarian organisations to operate, when humanitarian service flights are suspended due to fuel shortages. In some cases, goods destined for AA-controlled areas have reportedly been blocked for extended periods by NSAGs/DFAs in IRG-controlled areas, causing them to expire. This has led to disputes between humanitarian organisations, NSAGs/DFAs, and government authorities, and ultimately to fewer supplies reaching populations in need.

For some NSAGs/DFAs in Yemen and Mali, the motivation for disrupting humanitarian access is also ideologically or religiously based, such as not wanting to let female staff from humanitarian organisations through checkpoints without a male companion or imposing gender separation in humanitarian convoys. In the North of Yemen, this is a known AA policy called *mahram*, but related incidents have increasingly been reported also in the South, by armed groups at the time affiliated with the STC. Several interviewees stressed how this impacts the

volume and quality of humanitarian interventions, as female staff cannot work at their full capacity and the organisation's outreach to women and girls becomes more limited. Furthermore, both the JNIM and AA have objected to certain reproductive health programmes. In Mali, some localities have continued with secular education that JNIM opposes and schools have been targeted. Health posts have been attacked in certain areas where combatants were admitted and denounced to the authorities by the personnel, seemingly in retaliation. In other cases, medicine has been looted and doctors forced to treat wounded combatants of NSAGs. As a result, many schools and clinics have closed and qualified staff have left, depriving children of both education and health care. JNIM has further justified sieges of localities who are reluctant to accept its rule, including the refusal to pay what it presents as Islamic tax (*zakat*) or allegedly collaborating with opposing forces. This practice has a considerable impact on the population, especially children.

State responsibility for DHA and the impact on children

Children living in the case study countries have been heavily affected by the denial and restriction of access to essential services. Even though NSAGs/DFAs play a role in DHA across these countries, the responsibility of state authorities is significantly higher in some of the contexts. In the case of Gaza and the West Bank, interviewees across the board agreed that the responsibility of both Hamas and the PA for DHA and their overall control over access processes were limited. Israeli attacks on children, but also on service providers (such as humanitarian workers, medical staff, teachers etc.), as well as its restrictions on children's access to humanitarian aid, livelihoods and essential services have had – and continue having – a significant negative impact on the population, and children in particular.

As a result, children are facing acute malnutrition and starvation, while those with injuries or chronic conditions are increasingly unable to access essential medical care. The head of the UN Relief and Work Agency for Palestinian Refugees in the Near East (UNRWA) has characterised the Gaza war as a “war on children and childhood”. According to UN agencies, tens of thousands of children have been killed or injured by airstrikes and military operations, while an estimated 17,000 have become unaccompanied or separated from their families,¹⁸ and nearly all of Gaza's approximately one million children have been exposed to severe psychological distress and prolonged disruption of formal education, as a consequence amongst others by the total or partial destruction of an estimated 97% of school buildings.¹⁹

Similarly, in Myanmar, the behaviour of the warring parties is directly causing the suffering of children and their lack of access to essential services. According to the UN,²⁰ the armed forces and affiliated militia were responsible for close to 80% of the verified grave violations against children in recent years (2020-2023); 10% were attributed to armed groups, including PDFs and – to a lesser extent – EAOs, while in 10% of instances the perpetrators could not be identified. In 2022, the Myanmar military passed a new Organisation Registration Law to cut alleged civilian support to NSAGs, believing aid was indirectly benefiting them. The law bans humanitarian actors from contacting designated terrorist groups (DTGs), effectively preventing aid delivery outside military-controlled areas. Many respondents consider that the majority of people in need are unable to access assistance from inside Myanmar due to these restrictions. A recent report has noted that in KNU areas, children are particularly affected by armed conflict, facing both immediate violence as well as the longer-term harm caused by the destruction of services essential to their survival.²¹ Schools are targeted by the military which contributes to the denial of children's access to education. As a result, child labour and drug addiction is said to have increased. In addition, military attacks and movement restrictions have severely undermined children's access to healthcare, sanitation, and nutrition. Clinics and medical personnel have been repeatedly targeted, while confiscation of aid at checkpoints have created acute shortages of medicines. It is currently estimated that only one third of children are vaccinated. These conditions have undermined family and community life, leaving children fearful, traumatised, and uncertain about their future. At the same time, they are also being subjected to direct forms of violence, including killing, sexual violence, and injuries from shelling, air strikes, and landmines. Compared to KNU-controlled areas, where supplies are mainly coming from Thailand and aid is provided by CSO/CBOs and KNU service providers (albeit inadequately to meet needs), the situation for children in NUG/PDF-controlled areas is even worse, according to respondents.

4 Lessons learned from humanitarian access negotiations with NSAGs/DFAs

Questions:

- Are there examples of successful/unsuccessful actions by the NSAGs/DFAs?
- How can NSAGs/DFAs be effectively engaged towards the provision of child aid and care?
- What lessons and good practice can be learned from previous experiences of humanitarian access negotiations with NSAGs/DFAs?

Examples of successful engagement

All NSAGs/DFAs have been engaged, at various levels, in humanitarian negotiations on issues related to child protection, humanitarian access, and the resumption of service provision. In some instances, these negotiations have yielded positive results. A case in point is the KNU on preventing and ending child recruitment. From estimates that hundreds of boys under 18 served in the armed wing in the 1990s, actual cases of child soldiering have dramatically declined. This policy shift met a lot of resistance initially but ultimately became accepted, in large part thanks to engagement by humanitarian and human rights actors.

In Mali, as a result of community and NGO negotiations, JNIM agreed on various occasions to reopen public schools and lift sieges whereas Da Na Ambassagou stopped asking for a “*droit de passage*” (transit fee) at checkpoints following engagement by humanitarian workers.

In Gaza, some humanitarian actors stressed that engaging communities along with all other relevant parties at the local level has enabled some level of aid provision, when aid was available and allowed. In addition, when organisations have seen their work obstructed by Hamas, they have sought solutions by establishing dialogue with the authorities, using mediation mechanisms when necessary, and strengthening cooperation with local partners.

For Yemen, international actors referred to plenty of negotiation experiences and lessons learned, both for IRG and AA areas. Some of the key issues highlighted were the need for:

- good quality information, and constant engagement with all relevant actors,
- active listening,
- understanding the perspectives of the counterparts and to show flexibility in responding to complex situations and a multitude of actors, while being clear on your red lines.

One concrete application of this concerned an access issue linked to the NRF, which had limited the access to a population of half a million people. The response taken by a humanitarian actor was to recognise the need for a dual approval process, not relying solely on the government approval (e.g. “not ask[ing] the government to do things that it can’t do,” in the words of another humanitarian worker), and “to engage with all of them”. After a couple of days spent with the leadership of the DFA/NSAG, an agreement was reached and the situation was unblocked.

Moreover, this and previous research has shown that in spite of patriarchal norms, women within or associated with NSAGs/DFAs in Yemen, shielded by cultural and tribal norms protecting women, have helped improve children’s access to essential services, by facilitating humanitarian access, solving water issues and promoting education.²²

*“We become non-neutral – we speak to one side, not the other.”
Humanitarian actor formerly operating in Gaza*

Barriers to direct engagement by international actors

In spite of these positive experiences, in the contexts studied, only a few international humanitarian organisations engage directly with NSAG/DFAs, especially with DTGs, mainly due to political sensitivities and risk aversion. In Gaza and Yemen, respondents from humanitarian agencies depict non-engagement policies with DTGs imposed by states and donors as severely undermining humanitarian access negotiations. In Mali, state authorities regard dialogue with proscribed groups as a red line and view international humanitarian operations in contested areas with suspicion. In Myanmar, the military prohibits the delivery of aid to areas outside its control by criminalising engagement with DTGs. Some INGO representatives mistakenly assume that engaging with NSAGs/DFAs may somehow compromise the principle of neutrality or legitimise these actors and use this argument to justify non-engagement. Along with other NSAGs/DFAs, KNU has criticised the dependency of some international humanitarian actors – particularly UN agencies – on consent from the military.

One substantial difficulty in Gaza is that, in addition to Israeli restrictions, INGOs' internal policies – often because of donor restrictions – do not let them engage directly with Hamas. In addition to making practical work difficult without effective coordination with the authorities, the perception of organisations is put at risk when they only speak - and listen - to one side. The exceptionality of the Gaza situation as compared to other contexts, has been the total prohibition of any contacts with Hamas, even for security coordination, while in other contexts some coordination is usually allowed.

Policies of non-engagement – both internal to the organisations and those imposed externally by donors and other actors – have led to worse outcomes for children, as explained by humanitarian actors. Some type of engagement with the relevant authorities is necessary, whether directly or indirectly through community actors. Interestingly, most humanitarian respondents did not refer to using the “humanitarian exemption” to support their right to engage with NSAGs/DFAs.²³

Negative consequences of non-engagement on conflict developments

In fact, several respondents see a link between the various no-contact policies with DTGs and the October 7 attacks, which then led to the Gaza war. One expert stressed how these policies acted as a negative element that helps fuel violence and violations of IHL:

“Non-engagement is a problem. We need to engage with non-state actors. If we had engaged with Hamas from the beginning, we wouldn't have reached October 7. If we would have engaged with the Houthis, we would not have reached the current situation. We need engagement. We don't need to engage with them directly; it can be done through communities. This needs to be done with strict oversight.”

The non-contact policy imposed by external actors was cited as extremely harmful. As framed by a member of the Hamas leadership:

“The European Union made a big mistake. Hamas didn't impose itself. It won the elections. There are double standards. Some people from the EU that retired showed regret after, that this was a bad decision. They should have opened up to Hamas, listened to Hamas, and tried to understand if what they heard about Hamas was true. If there had been contacts, there could have been mutual ground for discussion. Hamas at the time was conducting peaceful resistance, the marches of return, which were peaceful protests. If there had been dialogue with the EU, then maybe we would have not reached this point.”



Limited room to address NSAG/DFA restrictions

The various regulations or restrictions imposed by NSAGs/DFAs are not necessarily different from those imposed by states. DFAs in particular often replicate the administrative measures of the states they are fighting. Yet the responses of INGOs and international agencies, and the implications for their work, generally differ significantly between state and non-state areas. For example, while NSAGs/DFAs may have more limited capacity than states to “control” INGOs, INGOs tend to have less scope to engage with them, let alone to support their capacity-building.

In addition, as donors are often more risk-averse in NSAG/DFA areas, this may lead to a halt in activities (or even prevent them from beginning), as the risk appetite is very low. The lack of direct or even indirect engagement with NSAGs/DFAs, and an overreliance on ineffective and powerless government structures as a substitute to direct engagement with NSAGs/DFAs, can lead to more misunderstandings, security risks, and blockage of aid relief. As noted by an INGO representative for Yemen: “The government can’t compel the armed actors, but the UN keeps on asking them to do that.”

The difference donors can make

Donor reluctance to support activities in DFA/NSAG areas and the lingering threat of possible consequences of counterterrorism measures, have a significant impact across the four case studies and beyond, as explained by interviewees. At the same time, positive actions by donors can also strengthen organisational efforts to stay and continue providing services to conflict-affected children. Respondents argued that the position taken by donors “not to criminalise NGOs working in the North” of Yemen was a positive step which led some humanitarian organisations to the decision to remain in the North, despite many others leaving. Hence, a more straightforward positioning from donors can help overcome “the chilling effect” that contributes to depriving children living in NSAG/DFA areas of access to services.

Reliance on local partners for engagement

For the most part, particularly in Mali and Myanmar, international humanitarian organisations rely on local NGO/CBO/CSO partners to ensure the delivery of aid in conflict-affected areas where they cannot operate directly. These local actors are seen as better placed to navigate contested governance and conflict dynamics. They often have well-established relationships with NSAG/DFAs, community acceptance and leverage. Yet, this indirect approach comes with some challenges, notably in terms of risk transfer. Local actors bear a disproportionate share of risks without being sufficiently equipped to anticipate or manage them. A respondent mentioned the example of the use of military escorts by a local NGO, which - mistakenly - assumed it would provide greater safety for its staff. This indirect approach through local third parties is also challenging in terms of oversight. Local partners often do not have the required management capacity to comply with donor requirements. In some instances, local organisations are blamed for not adhering to humanitarian principles or setting bad precedents (such as paying fees for gaining access).

Cross-border operations

In Myanmar, conflict-affected communities have access to some cross-border assistance provided by CSO/CBOs. With international support, these local organisations deliver a wide range of assistance, from emergency aid to health services, filling a vital gap for the population in need. They are often the only actors able to reach communities located in remote border areas under the control of NSAGs, making cross-border aid a critical lifeline since the bulk of international humanitarian response is concentrated in areas authorised and controlled by the military.²⁴ Given the severe access constraints and increasing difficulties to reach areas controlled by NSAGs/DFAs within Myanmar, several respondents have urged scaling up cross-border aid from neighbouring countries to bypass blockades. One interviewee highlighted the large percentage of humanitarian assistance also being delivered “crossline” (meaning across frontlines) informally and recommended further consideration on how best to mitigate the risks of this modality.

Community and religious leaders as negotiators

In some situations, religious and community leaders are engaging with NSAGs to reach humanitarian outcomes on their own initiative. In Mali for example, the Islamic judge of Zouera, a significant figure based near Timbuktu, brokered an agreement from the JNIM to reopen schools and lift the siege on Timbuktu. Some successful community negotiations reportedly also took place in Yemen with Al Qaeda on health-related issues.

In 2019, a group of Muslim scholars from the Sahel countries issued a fatwa (an Islamic legal opinion) on the protection of humanitarian organisations, following discussions in a joint forum with humanitarian workers and IHL experts. The fatwa stipulated that humanitarian workers should not be attacked, and laid out the conditions, modalities and the underlying arguments, which could be used as a basis for engagement with JNIM.

Several respondents also stress the importance of relying on local norms for child protection, for example in countries like Yemen considering the influence of tribal leaders in Yemeni culture and on some armed actors. Yet, this should be viewed holistically, as some tribal norms are protective of children, while some tribes may also be heavily involved in the fighting and may “volunteer” children to participate in combat actions. Hence, there lies a risk of creating a perception of “cherry-picking” norms (e.g. selecting only those that are protective of children), which may be difficult to manage without losing credibility and which needs to be done carefully and following good practice. In a similar manner, not every community or religious leader is well placed to successfully engage with NSAGs. This depends on various factors such as their personal profile, credibility, acceptance by the target group, etc.²⁵

Engagement between opposing parties

In some contexts, NSAG/DFAs have directly engaged with their enemies on humanitarian issues. In the oPt for example, the PA has appealed to the protocols established under the Oslo Accords to extract some concessions from Israel in the West Bank, for example for the passage of students and teachers, and for the protection of schools threatened with demolition. Also in Gaza, in spite of a catastrophic humanitarian situation, some agreements on medical issues were reached notably through the World Health Organisation, such as some limited medical evacuations (including of children), and two polio vaccination campaigns, one in early 2025 that reached some 603,000 children under 10 years old across all five Gaza governorates.²⁶ Yet it should be noted that these humanitarian activities were being conditioned and limited by Israel. For example, most requests for medical evacuations were rejected. Hamas has also tried to negotiate access through international and regional mediators, but this has been mostly ineffective, which it attributes partially to the power imbalance and to the fact that Hamas and Israel do not recognise each other.

The existing space for humanitarian diplomacy and engagement

In the studied contexts, it appears that state authorities better tolerate negotiations by local actors and communities than direct engagement by international humanitarian actors. For example, interviews have revealed that the Myanmar military, which severely restricts UN agencies and INGOs from accessing opposition areas, will tolerate some levels of informal delivery of aid. Another related point from the oPt and Yemen is the lack of credibility and bad perceptions that NSAG/DFAs currently have of humanitarian agencies and the humanitarian system as a whole, mainly due to the double standards in the application of international law and the protection failure in Gaza, leaving engagement through communities or non-Western actors as more viable options. In Mali, interviews revealed that in general the authorities have been pragmatic and turned a blind eye towards humanitarian negotiations led by local communities, though they have shut down national NGOs for alleged collusion with NSAGs.

“In the studied contexts, it appears that state authorities better tolerate negotiations by local actors and communities than direct engagement by international humanitarian actors.”

On the other hand, the NSAGs/DFAs consulted recognised the importance of the respect for international law. For example, Hamas representatives mentioned that the provision of services to children in Gaza should be upheld by IHL including Occupation Law, IHRL, and the Palestinian Child Law. Overall respondents in the Middle East noted that in the current context where the very basis of IHL and even international law more generally are being challenged, and where the war in Gaza is seen as having reached such an enormous level of devastation and denial of humanitarian access, there is a need:

- to defend humanitarian values and the rule of law, and
- to take a regional approach to address violations, as states and NSAGs/DFAs are aware of what is happening in other contexts and may try to push the boundaries.

Many respondents noted that focusing on children’s access to essential services could be an entry point to begin dialogue. Nevertheless, some respondents cautioned about focusing only on children, asking: “Is it justified to focus only on children when we are losing ground on everything?”

III. CONCLUSIONS AND RECOMMENDATIONS

Cross-case conclusions

1 Overarching conclusion

Across Mali, Myanmar, oPt, and Yemen, children’s access to essential services is constrained not solely by armed conflict and violence, but by political fragmentation, contested governance, and shrinking humanitarian space. NSAGs/DFAs are generally not opposed to service provision to children, yet international humanitarian actors’ engagement with them remains inconsistent and overly cautious.

A shift toward principled, structured engagement; strengthened localisation; investment in education and mental health services; and coordinated humanitarian diplomacy focused on children’s rights is necessary to prevent further erosion of protection and service delivery in conflict-affected settings.

2 Children’s access to essential services is primarily shaped by political fragmentation and contested governance

Across all four contexts, children’s access to education, healthcare, protection, and humanitarian assistance is constrained less by outright ideological opposition to services and more by:

- Fragmented authority structures
- Competing governance models
- Administrative and political restrictions, particularly state-imposed
- Insecurity and ongoing hostilities
- Siege/blockade tactics
- Destruction of infrastructure (schools, medical facilities, etc.)
- Declining humanitarian funding
- Donor reluctance to support DFA service provision, and
- Humanitarian actors’ risk aversion

Whether in Yemen, areas of Mali affected by JNIM’s expanding presence, opposition-controlled areas in Myanmar, or the oPt under occupation, governance multiplicity creates parallel approval systems, access bottlenecks, and politicised coordination frameworks that negatively affect children’s wellbeing.



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3 NSAGs/DFAs generally agree with the importance of providing aid and care for children

Across contexts:

- Most NSAGs/DFAs analysed recognise children as persons under 18 who deserve special protection and acknowledge specific at-risk categories.
- Most NSAG/DFA have committed to prohibit child recruitment, protect schools and support access to healthcare, education and humanitarian aid, though compliance gaps remain in practice.
- Some DFAs directly provide education, healthcare, and social services in areas under their control.
- All NSAGs/DFAs generally allow the provision of impartial humanitarian aid, but typically impose conditions (such as registration, notification of movements, taxation, and other regulations).
- Most NSAGs/DFAs claim to take measures to protect civilians, including warning communities before military operations and avoiding attacks on civilian infrastructure, though practice varies.

None of the examined NSAGs/DFAs have fully built comprehensive service systems comparable to states, but most see themselves as having a role in providing or facilitating services. This indicates that structured engagement with them is often possible and potentially impactful, even in highly sensitive environments.

4 NSAGs/DFAs still restrict or deny humanitarian access to children

NSAG/DFA restrictions and DHA are driven by a mix of political, security, administrative, and ideological factors, such as:

- Assertion of authority: imposing registration, travel permits, taxation, and oversight to reinforce state-like control.
- Political competition: blocking or delaying aid to undermine rivals or consolidate legitimacy and support among the population.
- Security concerns: suspicion of intelligence gathering/spying.
- Interference in programming: influencing beneficiary selection, staffing, or data collection.
- Ideological/religious reasons: restrictions on female aid workers or opposition to certain education or reproductive health programmes.

5 NSAGs/DFAs restrictions and denial of humanitarian access have serious impacts on children

NSAG/DFA restrictions and denials result in negative impacts for children, notably:

- Reduced access to health care, education, and protection services
- Delays or suspension of humanitarian programmes
- Lower quality interventions due to limited data and constrained outreach
- Increased vulnerability due to infrastructure destruction, governance collapse, and politicisation of aid
- Increased protection risks due to insecurity and service gaps.

6 Humanitarian actors remain overly cautious in engaging NSAGs/DFAs, leading to reliance on indirect channels

Engagement with NSAGs/DFAs has, in several contexts, produced concrete humanitarian outcomes for children. Examples include reduced child recruitment, the reopening of schools, and lifting of sieges.

However, direct engagement by international actors remains limited. Political sensitivities, donor and host state counterterrorism measures, and risk aversion constrain avenues for dialogue – particularly with DTGs. In Gaza especially, near-total non-contact policies with Hamas have severely limited operational coordination. Many humanitarian actors argue that such policies have worsened outcomes for children and reduced access.

In practice, international actors often rely on local NGOs and community actors to operate in contested areas. These intermediaries are better positioned to negotiate with NSAG/DFAs but bear disproportionate risks.

7 Denial or restriction of humanitarian access to – and in – NSAG/DFA areas is structural and increasingly normalised

Across contexts (except Yemen), aid has been concentrated in areas controlled by state authorities, leaving populations in NSAG/DFA areas underserved.

Disparities in service provision may lead NSAGs/DFAs to believe that humanitarian principles have been compromised. A number of barriers were identified:

- Myanmar: Military “weaponisation of aid”; perceived bias of humanitarian actors against NSAG-controlled areas.
- Gaza/West Bank: Israeli blockade, destruction of infrastructure, and obstruction of movement and aid; PA reports growing access constraints in the West Bank.
- Mali: Sieges and embargos by JNIM; near-total absence of services outside state-controlled areas; expanding JNIM presence complicates impartiality perceptions.
- Yemen: Aid distribution seen as disproportionate toward AA-controlled areas; rural and frontline children in IRG-controlled areas underserved.

In each setting, children are disproportionately affected through school closures, malnutrition, mental health deterioration, exposure to explosive hazards, and recruitment.

8 Education, mental health, and protection are potential entry points for constructive engagement

Across contexts, stakeholders consistently identified:

- Education as both a humanitarian imperative and long-term peace investment
- Severe mental health and psychosocial distress among children
- Malnutrition and water scarcity
- Prevention of child recruitment, child labour, and child marriage (all of which are highly gendered types of harm)
- Mitigation of children’s harm due to landmines and explosive remnants of war
- Protection of schools and hospitals.

Education consistently emerges as a key factor, both for protection and prevention of harm for children. These thematic overlaps suggest opportunities for coordinated advocacy and programming approaches.

9 Local actors are central but under-supported

Local actors (CBOs/CSOs as well as community leaders) are critical in navigating complex governance dynamics in conflict-affected areas and reaching populations inaccessible to international agencies. In all four contexts:

- Community leaders often mediate access
- Local NGOs/CBOs are the backbone of emergency and sustained response efforts
- Informal cross-border and locally led approaches fill critical access gaps.

Yet these actors face:

- Limited funding
- Heavy compliance burdens with donor requirements
- Insufficient institutional management capacity, including risk mitigation.

10 Consultation methodologies have the potential to fill information gaps and improve engagement with NSAGs/DFAs

All target NSAGs/DFAs accepted to participate in the research and contribute information, indicating that **consultation methodologies have the potential to not only get their perspectives, but also engage with them in a transparent discussion on children’s access to essential services**. A slight exception is the PA during the on-the-ground research, which felt that questions should have been more focused on Israel’s obstruction of humanitarian access.

Yet even for the parties who are currently not primarily responsible for obstructing children’s access to essential services, this type of perception studies helps fill an information gap and get perspectives that are often overlooked or less heard, thus challenging the dominant discourse (for example on aid diversion and looting or military use of civilian infrastructure), especially when humanitarian actors are not able to directly engage with them.

It can be noted – perhaps counter-intuitively – that while consulting with NSAG/DFAs should not be understood as an endorsement of their views, few inconsistencies were found between, on the one hand, what the NSAGs/DFAs expressed, and on the other, what other humanitarian stakeholders said. Furthermore, though it is important to interview active humanitarian personnel for the triangulation of the data, it is as important for the benefit of learning about failed and successful negotiation experiences, to seek the insights of former staff, as they no longer have a stake in that specific situation.

The next section will present strategic recommendations for humanitarian actors and donors focusing on children’s access to essential services in NSAG/DFA areas.²⁷



Cross-case strategic recommendations

1 Normalise engagement with all parties to conflict to secure sustained, principled access and strengthen the delivery of essential services for children

Humanitarian actors should:

- Develop proactive, risk-informed engagement strategies with all parties to conflict, including NSAGs/DFAs where operationally relevant, grounded in humanitarian principles and IHL.
- Where feasible, consider engagement at multiple levels of DFAs/NSAGs (political, military, civilian administration such as humanitarian, education, healthcare, child-and women-focused departments, as applicable).
- Use existing humanitarian commitments made by NSAGs/DFAs (e.g., Action Plan, Deed of Commitment) for further policy development and as leverage to address protection and access issues.
- Avoid using neutrality as justification for non-engagement.
- Consider indirect approaches (through national and international partner NGOs, community leaders or other actors) if direct engagement with NSAGs/DFAs is difficult or not feasible.

2 Promote adherence of NSAG/DFAs to international standards and support their compliance

Humanitarian actors should:

- Engage with NSAG/DFAs to secure safe and unimpeded delivery of humanitarian aid and services to children in need.
- Provide practical guidance and training on age assessment methods and the protection of schools from military use and attack.
- Help establish internal screening and monitoring systems to address child recruitment.
- Support reintegration programmes for children separated from DFA/NSAG forces, that include psychosocial support, vocational training, and family reintegration to prevent re-recruitment.
- Where relevant and possible, for example in Yemen and Myanmar, leverage women's roles within NSAGs/DFAs to improve access to essential services and safeguard children's rights.

3 Rebalance humanitarian response toward non-state-controlled areas

Humanitarian actors and donors should:

- Increase funding flexibility and risk tolerance for localised and cross-border humanitarian modalities.
- Support informal and community-based delivery networks.
- Mitigate risk transfer through structured support to local actors.
- Address disparities that risk perceptions of partiality.
- Consider how best to mitigate risks of informal crossline humanitarian assistance.

4 Strengthen humanitarian actors' institutional capacity to safely and effectively engage with NSAGs/DFAs

Humanitarian actors should:

- Enhance conflict analysis and understanding of armed actors and their practices on children's access to essential services, including those of DFAs/NSAGs.
- Build in-house humanitarian negotiation skills.
- Build tailored engagement strategies based on conflict and actor analysis and the appropriate legal norms (international law, Islamic law, endogenous customary law) that support child aid and care.

- Create safe spaces for experience-sharing and collective learning on armed actor engagement.
- Uphold humanitarian principles and monitor perceptions of NSAGs/DFAs on humanitarian work and actors.
- Ensure that staff interacting with NSAGs/DFAs have the appropriate profiles for doing so, and that risk management and principled communication are in place.

5 Invest in education as a humanitarian imperative

Humanitarian actors and donors should:

- Prioritise reopening and continuity of safe schooling to prevent a lost generation.
- Develop flexible hybrid education models (mobile, offline, community-based).
- Integrate targeted mental health, psychosocial support and risk education programming in schools.
- Support the provision of targeted guidance on how to protect schools from military use and attack by armed actors.

6 Scale up mental health, safe spaces, disability inclusion, and protection programming

Humanitarian actors should:

- Establish safe spaces in accessible locations.
- Introduce sports and recreational programming.
- Expand trauma-informed psychosocial support models.
- Integrate family and community-based approaches.
- Assess risks according to gender and intersectionality and prioritise girls and children with disabilities when relevant, as well as other vulnerable children, without underestimating the specific gender risks boys are often exposed to (e.g. recruitment, arrests and detention, etc.).
- Link protection programming with access negotiations.

7 Address siege and blockade practices through coordinated humanitarian diplomacy

Humanitarian actors should:

- Advocate consistently for compliance with IHL and IHRL among parties to armed conflict, in particular rules related to humanitarian access.
- Develop structured dialogue and tailored arguments on siege-related impacts using available tools and materials promoting food security in engagement with armed actors.²⁸
- Frame advocacy points around children's rights and access to essential services.
- Combine community pressure and diplomatic leverage where possible.

8 Support community-led engagement and pragmatic arrangements

Humanitarian actors and donors should:

- Strengthen localised response capacity by providing sustainable funding, reinforcing management capacity, and promoting fair partnerships with local actors (CBOs/CSOs as well as community leaders).
- Include local actors in strategic planning and coordination.
- Maintain flexibility in bureaucratic requirements by relaxing monitoring and reporting obligations to allow agile responses.

- Offer training and capacity development to local community actors on humanitarian negotiation skills, humanitarian principles, and IHL.
- Develop risk mitigation plans to reduce risk transfer.
- Support considerations of acceptable trade-offs (such as the introduction of new languages in the curriculum, the separation of boys and girls in classrooms) to ensure the reopening of schools while upholding the fundamental right of all children to education.

9 Secure flexible, principled multi-year funding for child-centred strategies

Donors should:

- Provide multi-year, flexible funding.
- Relax compliance burdens for local partners.
- Support monitoring systems without over-bureaucratisation.
- Refrain from introducing conditionality clauses such as no-contact policies with DTGs in funding agreements.
- Consider funding DFA service providers when appropriate, directly or through partner organisations.

10 Advocate for increased access to essential services for children

Humanitarian actors should:

- Continue to urge relevant donors, states, and regional bodies – with leverage over parties to conflict – to advocate for the lifting of humanitarian access restrictions that hinder, disrupt or block the delivery of aid and services to children. This includes seeking standing exemptions within counterterrorism measures to ensure principled aid delivery and leveraging existing humanitarian exemptions.
- Underscore that children’s access to impartial humanitarian assistance is a non-negotiable right and that measures criminalising the delivery of such assistance in areas controlled by DTG parties to conflict are inconsistent with IHL and humanitarian principles.
- Highlight the heightened vulnerabilities of children in their messaging and prioritise alleviating their suffering. Vaccination campaigns, for instance, could serve as strategic entry points for negotiating children’s access to basic healthcare through arrangements with relevant parties.

Key messages:

- Engagement with NSAGs/DFAs can improve children’s access to essential services without compromising humanitarian principles.
- Engagement is not endorsement, and dialogue is not legitimisation.
- A shift toward principled, structured engagement; strengthened localisation; investment in education and mental health services; and coordinated humanitarian diplomacy focused on children’s rights is necessary to prevent further erosion of protection and service delivery in conflict-affected settings.
- Structured, principled, child-centred risk management is required, whether humanitarian engagement is undertaken by a humanitarian actor, a partner or a proxy organisation (local or international).

IV. ANNEXES

Annex 1: Endnotes

1. Save the Children, Children in Conflict. Available at: <https://data.stopwaronchildren.org/>.
2. Office of the Special Representative of the Secretary-General for Children and Armed Conflict, Children and Armed Conflict Annual Report of the Secretary-General Summary 2024. Available at: <https://childrenandarmedconflict.un.org/wp-content/uploads/2025/06/Summary-of-the-Annual-Report-on-Children-and-Armed-Conflict.pdf>.
3. For example, research by the Global Coalition to Protect Education from Attack in 2023 found that NSAGs carried out a slight majority (55%) of reported attacks on education, but a minority of reported military use (25%), compared to state forces and incidents without identifiable perpetrators. “Non-State Armed Groups and Attacks on Education: Exploring Trends and Practices to Curb Violations.” Available at: https://protectingeducation.org/wp-content/uploads/GCPEA_NSAG_ScopingPaper.pdf.
4. Other work has focused on why states deny or restrict humanitarian access, see for example Rob Grace, 2025. “Understanding Humanitarian Access Obstruction during Armed Conflict”, *International Studies Quarterly* vol 69, issue 3, September 2025. Available: <https://doi.org/10.1093/isq/sqaf059>.
5. These were the following: Ansar Allah (questionnaire only), Azawad Liberation Front (FLA), Dan Na Ambassagou, Hamas, Islah, Jama’at Nusrat al-Islam wal-Muslimin (JNIM – indirect only), Karen National Union (KNU), National Resistance Forces (NRF), National Unity Government (NUG), the Palestinian Authority (PA), and the Southern Transitional Council (STC).
6. Notably earlier internal research commissioned to the Centre on Armed Groups and Fight for Humanity by Save the Children, partially reproduced in Pascal Bongard and Anki Sjöberg. Beyond Compliance Symposium: Research Consultations with Non-State Armed Groups, *Armed Groups and International Law* blog, 2024. Available at: <https://www.armedgroups-internationalallaw.org/2024/12/10/beyond-compliance-symposium-research-consultations-with-non-state-armed-groups/>.
7. Cf. Annyssa Bellal, Pascal Bongard and Ezequiel Hefes, *From Words to Deeds: A Study of Armed Non-State Actors’ Practice and Interpretation of International Humanitarian and Human Rights Norms, Research and Policy Conclusions*, 2022, pages 21 and 42. Available at: https://words2deeds.org/wp-content/uploads/2022/09/Words2Deeds_comparative-study.pdf.
8. Stakeholders interviewed have different assessments concerning the extent to which recruitment remains an issue by both government affiliated forces and the AA. The Secretary General’s 2025 report (covering 2024) still lists both in its annex. Available at: <https://childrenandarmedconflict.un.org/wp-content/uploads/2025/06/Secretary-General-Annual-Report-on-Children-and-Armed-Conflict-Covering-2024.pdf>.
9. While AA is generally understood to control areas where a majority of Yemen’s population resides, precise population figures remain uncertain and contested. The last census was done in 2004.
10. Earlier studies found similar attitudes and conditions required by NSAGs/DFAs to allow humanitarian access. See notably Ashley Jackson, *Perceptions of Armed non-State Actors on Humanitarian Action, Geneva Call*, 2016. Available at: <https://reliefweb.int/report/world/their-words-perceptions-armed-non-state-actors-humanitarian-action>.
11. See ICRC commentary of 2025 on the Convention (IV) relative to the Protection of Civilian Persons in Time of War. Geneva, 12 August 1949. Available at: <https://ihl-databases.icrc.org/en/ihl-treaties/gciv-1949/article-10/commentary/2025> and Pascal Bongard and Laura Perez, *Denial of Humanitarian Access for Children: Legal, Policy and Operational Challenges*, Watchlist on Children and Armed Conflict, 2022. Available at: https://watchlist.org/wp-content/uploads/watchlistfordham-policynote_denial_of_humanitarian_access_final_for_web.pdf
12. ICRC, *Navigating Violence: Learning from Civilian Experiences and Strengthening Humanitarian Action in Contested Territories*, 2025, p.21. Available at: <https://www.icrc.org/en/publication/navigating-violence-learning-civilian-experiences-and-strengthening-humanitarian-action>.
13. Darragh Murray, *Human Rights Obligations of Non-State Armed Groups*, (Bloomsbury, 2016), pages 261 and 267.
14. On how state and non-state actor’s obligations can interrelate concerning health care, see also table 1 in Ann-Kristin Sjöberg and Mehmet Balci, “In Their Shoes: Health Care in Armed Conflict from the Perspective of a Non-State Armed Actor”, in Jaime Sepúlveda, Jennifer M. Welch, and Paul H. Wise (eds) *Delivering Humanitarian Health Services in Violent Conflicts*, Dædalus, spring 2023. Available at: <https://www.amacad.org/publication/daedalus/their-shoes-health-care-armed-conflict-perspective-non-state-armed-actor>.
15. See Geneva Call, *In Their Words: Armed Non-State Actors Share Their Policies and Practices with regards to Education in Armed Conflict*, 2017. Available at: <https://www.genevacall.org/wp-content/uploads/2023/06/GC-research-on-education.pdf>.

16. The alleged appropriation by Hamas of UN aid was used as a justification for the set-up of the Gaza Humanitarian Foundation (GHF), as explained by a humanitarian worker: “The GHF was built on the premise that the UN aid was getting diverted. This was not true.” The way in which the GHF distributed aid is widely known to have further exposed children and their families to harm. See for example <https://www.ohchr.org/en/press-releases/2025/08/un-experts-call-immediate-dismantling-gaza-humanitarian-foundation>. Respondents generally did not mention Hamas as hindering humanitarian access or children’s access to essential services before October 7, but mentioned that it had established a set of formal and informal criteria and conditions to allow humanitarian and development actors to operate. Formal requirements were notably legal registration, security clearance, and coordination with relevant ministries to obtain the necessary approvals. Informal criteria mentioned were a certain level of political compliance (not to conflict with Hamas’s agenda), geographical and demographic restrictions that impose unwritten conditions on target groups.
17. See Ashley Jackson, Perceptions of Armed non-State Actors on Humanitarian Action, Geneva Call, 2016, pages 20-21. Available at: <https://reliefweb.int/report/world/their-words-perceptions-armed-non-state-actors-humanitarian-action>.
18. UN News, Malnutrition deaths mark ‘latest in the war on children’ in Gaza: UNRWA chief, (13 August 2025), available <https://news.un.org/en/story/2025/08/1165643>.
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22. See Wameedh Shakir et al., 2024. Observe and Act: The Role Yemeni Political Movements in the Implementation of the Women, Peace and Security Framework, Fight for Humanity and Berghof Foundation. Available at: <https://www.fightforhumanity.org/post/yemen-research-report-on-women-s-participation-in-peacebuilding-and-protection-during-conflict#viewer-yawyo1633>. For similar research on Myanmar, see Zin Mar Phyto et al., 2022. Observe and Act: The Role of Armed and Political Movements in the Implementation of the Woman, Peace and Security Agenda in Myanmar, Berghof Foundation and Fight for Humanity. Available at: https://3848af19-2ed2-4045-b6ea-b721d748e98d.usrfiles.com/ugd/3848af_5ff14fcf3b984e299503ff2c3ae0eaf6.pdf.
23. This refers to the standing carve-out established by the UN Security Council, which ensures that humanitarian assistance and other activities supporting basic human needs are not treated as prohibited dealings. UN Security Council Resolution S/RES/2664 (2022). Available <https://main.un.org/securitycouncil/en/content/sres2664-2022>.
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25. See for example Ioana Cismas, Marta Furlan, Piergiuseppe Parisi, Chris Rush, Ezequiel Heffes and Hasnaa El Jamali, Considerations and Guidance for the Humanitarian Engagement with Religious Leaders (University of York, 2023). Available at: https://static1.squarespace.com/static/5e624fe7ac1bea36a064929c/t/63c532089f167c409eb8649e/1673867787947/Religious+Leaders+%26+Humanitarian+Norms_Considerations+and+Guidance.pdf.
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