Implementing the Humanitarian Commitments of the EWIPA Political Declaration

A summary report

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Towards the implementation of the EWIPA Political Declaration

This document presents a consolidated summary of Humanity & Inclusion's work, under a two-year project funded by DG ECHO and Norway, to implement the humanitarian commitments of the Political Declaration on Explosive Weapons in Populated Areas (EWIPA).

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Introduction

About the Summary Report

This summary report consolidates the findings and recommendations of Humanity & Inclusion's (HI) multi-stakeholder project on the implementation of the humanitarian commitments of the Political Declaration on Explosive Weapons in Populated Areas (EWIPA).

It brings together the outcomes of four interlinked workstreams developed through extensive research and consultation between 2024 and 2025: Humanitarian Access, Healthcare Access, Explosive Ordnance Risk Education and Conflict Preparedness and Protection (EORE/CPP), and and Vulnerable Groups in EWIPA settings. Each section provides concise analysis and concrete recommendations designed to inform debate and decision-making at the Costa Rica Conference on the Declaration's implementation, and to guide subsequent national and multilateral action.

This project

The project, funded by the European Union and the Norwegian Ministry of Foreign Affairs, was implemented by Humanity & Inclusion in partnership with Article 36 and Insecurity Insight, with contributions from experts across humanitarian, mine action, and disarmament communities. It seeked to translate the humanitarian commitments of the Declaration into operational guidance and policy action, ensuring that its principles lead to tangible improvements for civilians affected by urban warfare. The work was designed around four complementary workstreams, identified as four areas where the use of explosive weapons in populated areas (EWIPA) creates acute and under-addressed humanitarian challenges:

Humanitarian Access	Healthcare	EORE/CPP	Vulnerable Groups
Analysing how explosive weapons restrict safe, timely, and principled humanitarian action, and identifying measures to improve duty of care, civil-military coordination, and acceptance strategies.	Documenting the devastating effects of EWIPA on health systems, including direct attacks, reverberating impacts on infrastructure, and heightened needs for rehabilitation and mental health support.	Advancing life-saving measures before, during, and after hostilities, highlighting under-resourcing, and recommending systematic integration into humanitarian coordination and protection frameworks.	Embedding inclusive responses by design, ensuring services and protection reach those most at risk, and strengthening the role of representative organizations in planning and delivery.
Read this report here	**Read this report here**	**Read this report here**	**Read this report here**

Context, Rationale & Objectives

The use of explosive weapons with wide-area effects in populated areas continues to inflict devastating harm on civilians, destroying homes, schools, hospitals, and critical infrastructure. The Political Declaration recognizes this reality and commits states to humanitarian action to reduce civilian suffering. But recognition alone is not enough: commitments must translate into operational change, inclusive responses, and accountability. Ahead of the Costa Rica Conference, this work demonstrates how urgent it is for states, donors, and humanitarian actors to collectively act to uphold international humanitarian law and better protect civilians.

This work was set out to turn the Political Declaration's humanitarian commitments into concrete, actionable guidance. The objectives were clear: generate evidence of harm, build consensus on best practices, and present practical recommendations to states and humanitarian partners. Ultimately, this piece of work aims to help move the Declaration from words to measurable improvements in civilian protection.

Approach and methodology

This initiative combined rigorous desk research, case studies, and key informant interviews with inclusive multi-stakeholder workshops, engaging states, UN agencies, international organizatons, national and international NGOs, and representatives of survivors and affected communities. This participatory approach ensured that voices from affected contexts shaped the agenda and that the final recommendations reflect both operational realities and the ambition required from political leaders.

The analysis presented in this document draws on the collective work carried out across four thematic workstreams — Humanitarian Access, Healthcare Access, Explosive Ordnance Risk Education and Conflict Preparedness and Protection (EORE/CPP), and on Intersectional Vulnerabilities. They combined desk research, key informant interviews, and multi-stakeholder workshops gathering representatives of states, UN agencies, INGOs, LNGOs, survivor advocates, technical experts, and researchers. Together, these generated a body of evidence, case studies, and recommendations validated through cross-sector dialogue. The workstreams represent some of the most relevant entry points for operationalizing the humanitarian commitments of the Political Declaration — yet they do not cover the full range of consequences caused by explosive weapons. Additional research and action are urgently needed on other interconnected issues such as environmental contamination, reconstruction, accountability, and long-term victim assistance.

Utility of this report

This summary report is a call to action for all stakeholders engaged in the implementation of the Political Declaration on Explosive Weapons in Populated Areas. It distils complex evidence into clear, concrete recommendations that can be endorsed, resourced, and applied by states, donors, and humanitarian partners alike.

The report is not just background reading—it is a roadmap for turning commitments into practice.

We urge governments, international organizations, and civil society to use its findings to advance inclusive approaches, strengthen operational responses, and ensure sustained follow-up at national, regional, and global levels. The credibility of the Political Declaration depends on action. This report equips decision-makers and practitioners with the tools to transform promises into real protection for civilians affected by explosive weapons.

Promoting Safe and Principled Humanitarian Access in EWIPA Settings

Ensuring civilians receive life-saving assistance requires urgent action to protect humanitarian workers and enable principled access in EWIPA contexts.

Why is this important?

Explosive weapons with wide-area effects fundamentally alter humanitarian access. In 2023 alone, 47,476 people were killed or injured by explosive weapons; nearly 90% were civilians (OCHA). Humanitarian workers are increasingly targeted: at least 470 attacks on aid efforts occurred across 11 countries, disproportionately affecting local staff and volunteers. EWIPA contamination, destroyed infrastructure, and persistent insecurity compound these risks, disrupting aid delivery and endangering frontline responders.

The Political Declaration explicitly commits states to facilitate rapid, safe, and unhindered access (paras 4.4–4.6). Implementing these commitments is critical: without safe humanitarian access, civilians are denied life-saving assistance and protection when they need it most.

Recommendations

The humanitarian access workstream highlights three urgent priorities for states, donors, and humanitarian actors under the EWIPA Political Declaration.

- **Improve visibility and awareness raising**

  EWIPA-specific risks to access and aid worker safety must be explicitly integrated into protection and humanitarian policy agendas. States should ensure that UNSC Resolution 2730 on aid worker protection addresses EWIPA contexts. Donors and NGOs should improve documentation and data-sharing, systematically including local organizations in monitoring and advocacy platforms.

- **Prioritise local humanitarian and health workers' safety**

  Duty of care and security risk management policies must be adapted to EWIPA realities and applied equally to local partners. Donors should fund security costs, protective equipment, training, and context-specific Explosive Ordnance Risk Education. INGOs and UN agencies should ensure their policies address the disproportionate exposure of national staff and volunteers, who provide the majority of frontline assistance.

- **Strengthen coordination and civil-military dialogue**

Humanitarian, health, mine action, and security actors should coordinate through existing platforms such as Access Working Groups and UN-CMCoord, systematically integrating EWIPA-specific risks. Humanitarian arrangements—corridors, notifications, ceasefires—must be redesigned with “do no harm” safeguards for urban warfare. Dialogue with armed actors, supported by trusted intermediaries, should foster acceptance, uphold IHL, and improve safety.

Together, these actions offer a pathway to turn the Declaration’s access commitments into tangible protection. States should support these priorities and commit to resourcing them, ensuring civilians and aid workers can safely reach each other in war-torn cities.

Detailed recommendations can be found in the report *How Can the Political Declaration on Explosive Weapons in Populated Areas Promote Safe and Principled Humanitarian Access?*

Testimonies from the people affected by explosive weapons


Portrait of Illia, © H.Kostenko / HI.

“From the moment the war started, my life changed completely”. Illia lives with his parents and little sister in Poltava, a medium-sized town in a once peaceful rural area. He remembers the day his whole life changed: *“I discovered what war was like in February 2022, waking up to the sound of air-raid sirens,” he recalls. Illia had been studying law, but his university closed almost immediately. Then hundreds of people began to arrive, fleeing the fighting.*

“I remember these people arriving by the hundreds and queuing up to be registered and helped. They needed everything: food, clothing and shelter. That's why I became a volunteer and then applied to HI.”

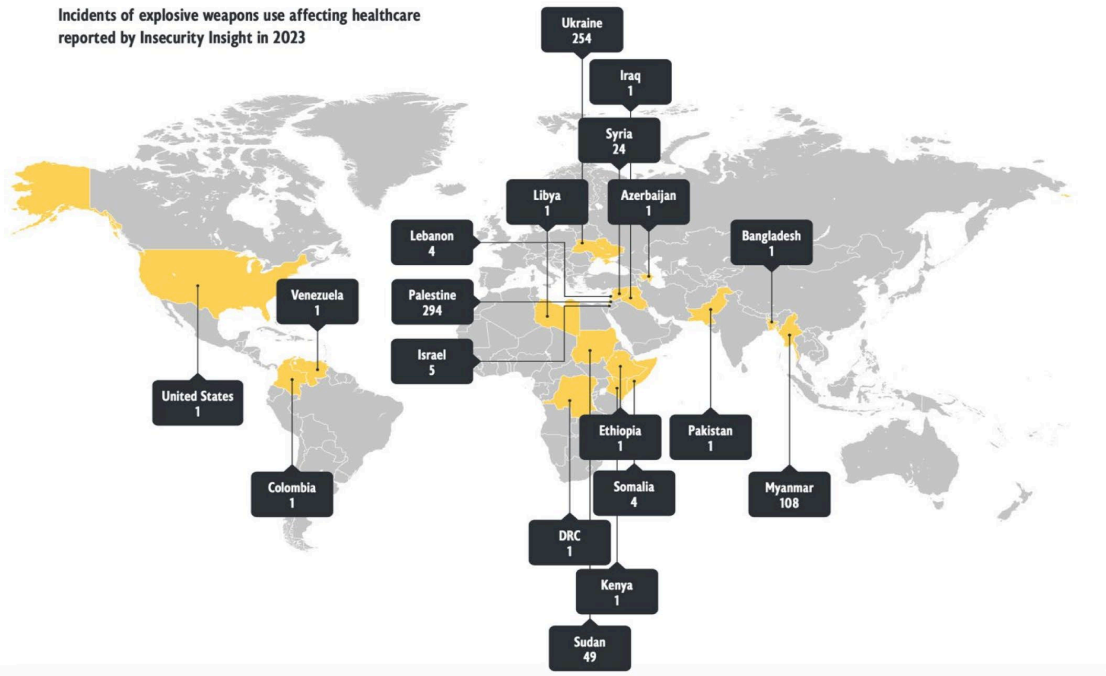
“We must keep helping people with disabilities, especially during and after their evacuation. And we must keep providing assistance to displaced people fleeing the front and seeking refuge in the Kharkiv region. Today, the most difficult thing is the constant deterioration in security, which makes humanitarian access difficult… There are people trying to survive near the front, where unfortunately we can’t get help to them”.

Illia, 21, Protection project manager for HI in Kharkiv, Ukraine

Struggling to Heal: Healthcare under Fire

Explosive weapons are dismantling healthcare systems, killing health workers, and leaving survivors without vital treatment. States must act now to protect healthcare in conflict zones and deliver on the Political Declaration's commitments.

Why is this important?



Source: Explosive Weapons Monitor 2023

Explosive weapons devastate healthcare beyond immediate casualties. In 2023, at least 763 health facilities were damaged or destroyed, and 209 health workers killed—a 12% increase from 2022. Health systems collapse as power, water, and transport networks fail, while UXO contamination blocks access long after fighting ends (HI in Yemen, Iraq; DRC in Sudan; ACAPS in Ukraine).

Rehabilitation and mental health and psychological support needs surge, especially among children and survivors, yet services remain critically underfunded.

Women, persons with disabilities, and older people face disproportionate barriers to evacuation, loss of essential assistive devices and care continuity. If unaddressed, these patterns of harm will

continue unchecked. Protecting healthcare is both a legal duty under IHL and an essential test of the Political Declaration's credibility.

Recommendations

The healthcare workstream defines a six-pillar urgent Agenda for Action. States must commit to resourcing and implementing this Agenda. Protecting healthcare is not optional—it is a life-saving obligation and the cornerstone of civilian protection.

- **Political leadership & diplomacy:** States must condemn unlawful attacks on healthcare and champion protection in UN and regional fora. High-level roundtables should be convened on healthcare in EWIPA contexts.

- **Funding:** Humanitarian financing must be flexible and multi-year, covering mobile delivery models, rehabilitation, MHPSS, and rapid clearance of UXO. Security costs, staff wellbeing, and local provider support must be eligible.

- **Humanitarian planning & coordination:** Rehabilitation and MHPSS must be included from the acute phase and systematically integrated within emergency health coordination mechanisms. Planning must be inclusive of gender, age, and disability, and strengthen local participation in health coordination mechanisms.

- **Tools, training & guidance:** Consolidate and share practical mitigation strategies; expand training (including digital) for health personnel working in EWIPA contexts.

- **Cross-sectoral learning & networks:** Build peer-to-peer learning platforms across health, protection, mine action, and humanitarian actors. States should establish an initial network on healthcare protection.

- **Advocacy & data:** Systematically document attacks and integrate EWIPA-related health impacts into Humanitarian Needs Overviews and HRPs. Use data to demand accountability and resource mobilization.

Detailed recommendations can be found in the report *How can Healthcare Access be Strengthened in settings where Explosive Weapons are being used?*

Testimonies from the people affected by explosive weapons

As Dr Hamza al-Kateab (Action for Sama) highlighted during the Protection Forum in Oslo (2024), hospitals are the new target, that is the new norm. Our teams on the ground confirm this trend.

In Eastern Ukraine, for example, in areas in the east and south of the country, near the frontlines and therefore difficult to reach, the war has made access to healthcare virtually impossible. According to WHO, over 2,200 health facilities had been damaged or destroyed in the bombardments, by January 2025. This lack of access to healthcare also affects displaced people, who are at least 4 million people according to figures provided by the Ukrainian authorities.

“Older people and people with disabilities are the hardest hit, as many of them have had to leave their homes and move to other parts of Ukraine where the facilities are not adapted to their situation and where they have limited access to health services and support from caregivers”, explains Roman Shinkarenko, HI’s Protection Project Manager based in Dnipro, Ukraine.

A medical centre destroyed in the city of Kharkiv, Ukraine’s second largest city (November 2024, © M. Monier / HI)

Saving Lives in Conflicts: Risk Education and Conflict Preparedness

Protecting civilians from explosive weapons requires more than clearance — it demands life-saving risk education and preparedness. States must recognize, fund, and institutionalize EORE and CPP as essential tools of civilian protection.

Why is this important?

Communities in Gaza, Lebanon, Myanmar, and Ukraine are caught between bombardment, displacement, and contamination. EORE and CPP are life-saving: they equip civilians with practical knowledge to avoid unexploded ordnance, seek shelter during attacks, and prepare households for survival under siege.

Yet these tools remain marginal in humanitarian frameworks—EORE is chronically underfunded, and CPP is rarely recognized or standardized. Frontline facilitators face extreme risks delivering messages, while women, children, older people, and persons with disabilities are often excluded from adapted education.

Institutionalizing and resourcing EORE/CPP is essential: it fulfils existing treaty obligations and transforms civilian resilience in urban conflict zones.

Recommendations

The EORE/CPP workstream sets out six urgent priorities for states, donors, and humanitarian agencies:

- **Recognition and funding:** Risk education and preparedness must be recognised as essential protection measures. Donors should systematically fund them through country-based pooled funds and preparedness frameworks.
- **Standards and guidance**: Develop a Technical Note for Mine Action on explosive weapons risk education, providing global standards for CPP. Harmonise training and quality management across contexts.
- **Security and duty of care:** Support facilitators—especially local actors—with robust security measures, psychosocial support, and duty of care policies tailored to EWIPA realities.
- **Trauma-sensitive approaches**: Address message fatigue by adapting tools for populations under constant bombardment. Integrate psychosocial support and survivor-led methods into programme design.

- **Inclusion**: Ensure that EORE/CPP reaches all at-risk groups by producing accessible materials, providing alternative communication formats, and involving representative organisations of women, older people, and persons with disabilities.

- **Localisation:** Invest in national and community-based organisations through flexible, multi-year funding. Strengthen their leadership in coordination platforms and ensure they have access to global policy spaces.

As it emerges from this research, States must commit to embedding EORE and CPP in civilian protection strategies. Lives depend on it.

Detailed recommendations can be found in the report *Saving Lives in Conflicts: Risk Education and Conflict Preparedness to Protect Civilians in EWIPA Settings.*

Testimonies from the people affected by explosive weapons

Since the escalation of hostilities in Gaza, civilians have suffered the overwhelming impact of explosive weapons. According to the Explosive Weapons Monitor, over 90% of recorded casualties from the use of explosive weapons in populated areas in Gaza were civilians, one of the highest civilian harm ratios ever documented.

In Gaza, EORE and Conflict Preparedness and Protection (CPP) facilitators are not only delivering life-saving messages under bombardment, but they are also living through the same destruction and displacement as the communities they support. Local and national staff have continued their work amid the collapse of infrastructure, communications blackouts, and constant insecurity, often without adequate protection or psychosocial support.

"*Community-based approaches where local actors co-develop and deliver messages have proven most effective in high-risk EWIPA settings.*"
(INGO Staff, Gaza, 2025)

"*I was displaced, under bombardment, coordinating everything alone. I just wanted to work. I told them, give me a desk and a laptop.*"
(National NGO Staff, Gaza, 205)

Risk education sessions taking place in makeshift camps in Gaza. © HI

Lives at the Intersections: how identity shapes risk and access to aid

The harm inflicted by EWIPA is not experienced uniformly. Civilians' exposure to both direct and indirect impacts is shaped by intersecting aspects of their identity, including age, sex, gender and disability. Applying an intersectional lens makes these overlapping risks visible, helping to uncover experiences that are often hidden and ensuring that humanitarian responses reach those most at risk and affected.

Why is this important?

While the humanitarian impact of EWIPA is widely documented, its intersectional dimensions remain largely invisible. Traditional humanitarian analysis often treats civilians as a single, homogenous group, overlooking how structural inequalities such as sexism, ageism, ableism and poverty interact with conflict dynamics.

Women-headed households, adolescent girls with disabilities, and older women face layered barriers to protection and aid. Mobility constraints, caregiving responsibilities, and social stigma prevent many from evacuating or reaching assistance. In Gaza, Yemen and Ukraine, the collapse of infrastructure has further exacerbated these inequalities, leaving those at the margins least able to survive or recover.

Disability emerges as both a cause and a consequence of EWIPA. Explosive violence dramatically increases the number of persons with disabilities, while simultaneously eroding support systems and accessible services. The result is a spiral of exclusion: people who are most at risk are least likely to be counted or reached.

At a systemic level, fragmented data, sectoral silos, and donor frameworks that fail to prioritize inclusion perpetuate this invisibility. As of 2025, few humanitarian actors consistently disaggregate data by sex, age, disability and other factors, and even fewer design or fund responses that address intersecting risks holistically.

Recommendations

The intersectionality workstream identified four priority actions to move from recognition to implementation:

- **Data and evidence**

Systematically collect and analyze data disaggregated by sex, age, disability, and other relevant factors in all EWIPA assessments.

Integrate intersectional analysis into Humanitarian Needs Overviews, response plans, and victim assistance frameworks.

- **Inclusive humanitarian planning**

Ensure that responses are designed and monitored with and by women-led and disability-led organizations. Apply inclusive standards across shelter, health, education, and protection sectors, ensuring accessibility and representation from the start.

- **Donor and institutional accountability**

Require intersectionality as a measurable indicator in project design, evaluation, and funding decisions.

Allocate dedicated and flexible funding to Organizations of Persons with Disabilities and Women-Led Organizations working in conflict-affected settings.

- **Policy coherence and follow-up**

Operationalize the Political Declaration's commitment to a "holistic, gender-sensitive and non-discriminatory approach" across national implementation plans. Embed intersectionality within global protection policies, ensuring coordination between humanitarian, human rights, and development actors.

Together, these actions offer a concrete pathway to ensure that protection measures reach those most at risk and that no civilian is left behind because of who they are.

Detailed recommendations can be found in the report *Lives at the Intersections: How identity shapes risk of harm and access to aid in EWIPA Contexts*

Testimonies from the people affected by explosive weapons

In Gaza, intersecting factors such as gender, age, disability, and displacement determine who faces the greatest risk, and who can access aid when the bombs fall.

"There's a clear gender dimension when civilian neighborhoods, particularly homes, are targeted. Women and children are often confined to those private spaces, so when they're hit, they're disproportionately affected. That reflects the reality in Gaza, where there's no clear divide between frontline and civilian areas, as civilian spaces are constantly under attack. At the same time, in shelters, it's mostly women, children, older people and persons with disabilities who remain behind, while young men are being targeted at food distribution points. These gendered dynamics, and the blurring between public and private spaces caused by constant displacement, deeply shape people's experiences in Gaza."
— Key informant interview, Gaza (2025)

Destruction of Gaza City (May 2025, © HI)

Their Stories

Behind every statistic on explosive weapons are people whose lives have been torn apart: families displaced, children injured, health workers risking their lives, and communities rebuilding amid destruction.

These stories bring a human face to the data and analysis presented throughout this report. They remind us that implementing the Political Declaration is not an abstract exercise: it is about restoring dignity, mobility, and hope to those living under fire.

Malak, 9 years old, Gaza

Portraits of Malak, © K. Nateel / HI.

Malak, 9, here playing with puppets during a psychosocial session. The school where Malak took refuge was hit last May, killing her parents and three brothers. She suffered severe injuries and underwent an above-the-knee amputation earlier this year. Now living with her uncle, Malak began physiotherapy and later (Aug. 2025) received a prosthetic limb at Humanity & Inclusion's Prosthetics and Orthotics Centre in Zawaida.

Her uncle describes the deep trauma she endured, while the HI team have become her new circle of support. "Everyone is trying to make Malak happy," said Heba, one of HI's specialists. With continued rehabilitation and psychosocial care, Malak is gradually regaining mobility and confidence.

Anatoly, 63 years old, Ukraine

Anatoly and his wife Tatyana in the apartment they rent in Dnipro region. © M.Monier / HI

Anatoly (left) and his wife Tatyana in the apartment they rent in the city of Kamienske, Dnipro region after evacuating from Hirnyk, a small town in Donetsk oblast. Anatoly, now 63 years old, had both his legs amputated after being injured in a bomb blast in April 2024, when a missile hit the courtyard of his apartment building. A former business manager, looking forward to enjoying his retirement with his wife, saw his life take a complete turn. “Since I was amputated, I feel like I’m locked in prison”, he told us.

Qamar, 7 years old, Gaza

Qamar, 7, in the north of the Gaza Strip. © Y. Nateel / HI

Qamar is a 7-year-old girl from Jabalia, an area in the north of the Gaza strip. Qamar's life took a sudden turn when shrapnel from a tank shell struck their home, leading to the amputation of Qamar's right leg below the knee. Qamar is the youngest in a family of 5, living with her parents as of October 2024 in Jabalia camp. Qamar has received rehabilitation services from HI, including physical therapy, occupational therapy, and psychological support. These services aim to improve Qamar's mobility and emotional well-being.

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Norway

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Cover Photo: Risk education sessions in North Gaza organised by HI. © K. Nateel / HI