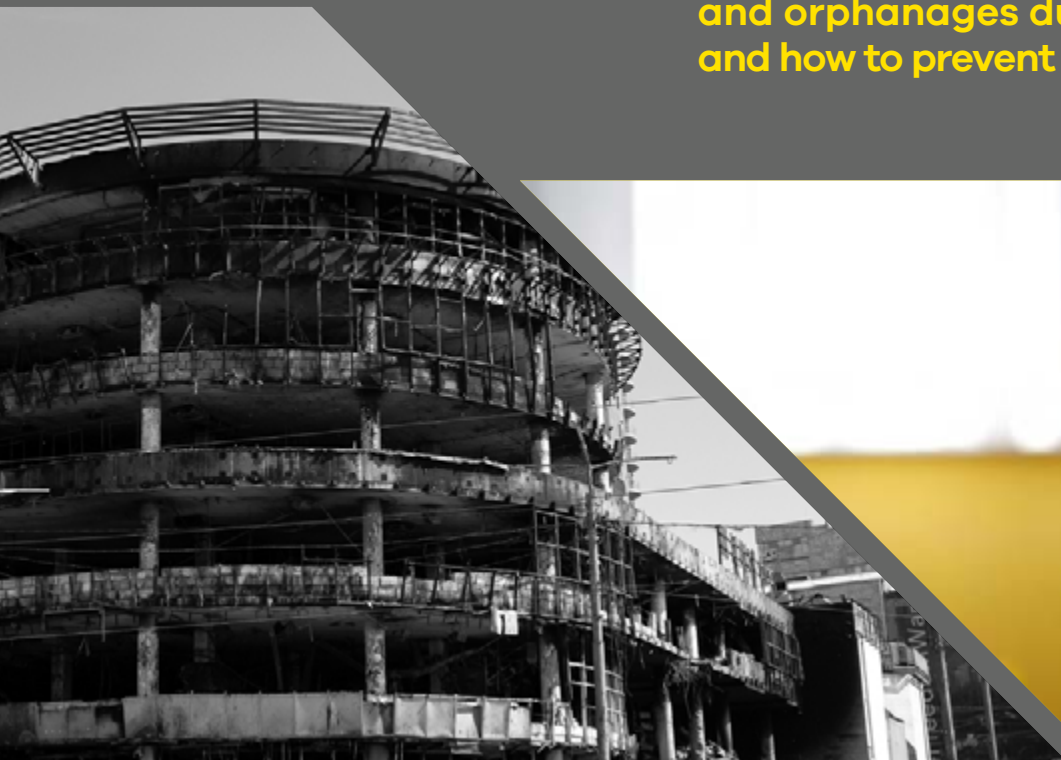




CONFINED IN CONFLICT EXECUTIVE SUMMARY

The increased mortality risk faced by children confined in residential institutions and orphanages during armed conflict, and how to prevent it



Mark Waddington CBE

Chief Executive

Hope and Homes for Children, 2026

EXECUTIVE SUMMARY

This is a summary of Confined in Conflict, Hope and Homes for Children's 2026 report underpinning our three-year campaign to push for the systemic changes needed to prevent the foreseeable deaths of children confined in residential institutions and orphanages in conflict affected countries and conflict vulnerable countries. Full reasoning, methodology, evidence and sourcing sit in the main report.

Behind every statistic in this report are tens of thousands of families like Iryna's. She knew what an institution would mean

for her daughter Olha, who has a disability, when war reached them in Ukraine. "For a baby with disabilities, at a time of war, placing her in an institution would have been a death sentence," she says.

Orphanages expose children to abuse and trafficking, and physical and psychological trauma that can last a lifetime — conflict does not create that harm, it accelerates it into a foreseeable risk of death. This report sets out that risk, what must change to prevent it and why we must act now to get every child Back to Family before conflict hits.

“

For a baby with disabilities, at a time of war, placing her in an institution would have been a death sentence.

”

Hope and Homes for Children's mobile support team, Ukraine.
Hope and Homes for Children



Section 1 KEY INSIGHTS

**5.4
MILLION**

5.4 million children are confined in residential institutions and orphanages around the world. **80% are not orphans** (multiple sources cited in the main report).

**1.2
MILLION**

Up to **1.2 million** of these children live in countries affected by **armed conflict**, a number likely to keep rising as the number of conflicts worldwide continues to grow (Davies, Pettersson and Öberg, 2026).

**MORE THAN
2x**

Children confined in residential institutions and orphanages in conflict affected locations face **more than two times** the risk of death compared to children cared for in families in the same settings.

* To ensure the safety and privacy of the people we support, the names of the children, relatives and carers featured in this publication have been changed.

Section 2

A WIDENING GAP: More conflict, less funding, more risk

The number of state-based armed conflicts has more than doubled since 2010, from 31 to 65 in 2025, the highest number recorded since systematic data collection began in 1946 (Davies, Pettersson and Öberg, 2026). This trend shows no sign of reversing, and each new conflict is likely to draw in more children confined in residential institutions and orphanages.

Conflicts are also becoming more protracted. The number of crises classed as protracted rose from 19 of 43 in 2016 to 35 of 46 in 2025, with the typical response plan now running 15 years, up from 10 (ALNAP, 2026). This matters because children already spend years confined before any conflict begins – an average of 4.3 years in a tracked Swiss cohort, 7.5 years in Romania's state system, and more than 13 years in a national survey of Rwandan institutions. The evidence shows a clear pattern – the longer a child is confined, the deeper the harm. A conflict now typically lasting a decade or more is likely to delay when an institutionalised child gets back to family, and that delay carries a real cost.

At the same time, the resources available are shrinking. Total international humanitarian assistance fell by roughly 20% in 2025 alone, more than 8 billion US dollars, driven largely by cuts from the United States and Germany, leaving the humanitarian system about 30% smaller than its 2022 peak and back to roughly its 2017 funding level (ALNAP, 2026). Funding against stated need in UN coordinated appeals fell from 50.6% in 2024 to 29.9% in 2025, and this likely understates the true gap, since the UN narrowed how it calculates need from 2023 and moved to explicit “hyper prioritisation” of appeals from June 2025 (OCHA, 2025).

Three structural features of the humanitarian system make this worse for institutionalised children.

Tiering

Scarce funds are allocated to needs judged most acute and most fundable. Residential institutions are commonly, and wrongly, perceived as havens of safety. Left unchallenged, that perception risks moving these children from overlooked to structurally excluded from the resources that remain.

Fading attention

Funding tends to fall away over the life of a protracted crisis even as needs remain high. Iraq's humanitarian funding fell from 1.9 billion US dollars in 2016 to 0.5 billion in 2022, and the planned pivot to development aid did not materialise at the scale expected (Pearson and Holloway, 2025). The longer a conflict runs, the less likely an institutionalised child is to be reached.

Underfunded child protection

Child protection received around 62% of the average funding rate other sectors received across UN appeals in 2023, and the 2025 cuts made this worse, directly affecting 1.1 million children according to data from just five agencies in more than 23 countries (Alliance for Child Protection in Humanitarian Action, 2024 and 2025).

Because children confined in residential institutions and orphanages are commonly assumed to be safe, they are structurally among the least likely populations to receive the shrinking resources available. Without a change in policy and financing, the likely direction of travel is more of these children dying.

Section 3

THE MODEL, IN BRIEF

Confined in Conflict builds its estimate from three components, multiplied together rather than added, because each captures a genuinely different pathway to harm rather than a shared mechanism. Standard epidemiological practice is to multiply independent risk factors together rather than add them (Rothman and Greenland, 1998). Every component uses the most conservative, lowest defensible value the evidence supports, its floor, not a central or average estimate. The whole model was then stress tested against a second, deliberately hostile version, built using addition instead of multiplication and populated with values set even below those already conservative floors, to see whether the finding survives a construction built to work against it. It does.



Destruction in the Kyiv region of Ukraine.
Evheniy Zavhorodnyy / Hope and Homes for Children

Section 4

THE THREE COMPONENTS

A

COMPONENT A: THE LETHAL PEACETIME PENALTY, 2.69 TO 3.3 TIMES

Before any conflict begins, children confined in residential institutions and orphanages already face a substantially higher risk of death than children cared for in families — almost three times as likely, before any conflict at all. Confined in Conflict builds that finding from three separate pathways, each evidenced independently, then multiplies them together.

Growth delay.

A systematic review of more than 100,000 children across over 60 countries found children in residential institutions grow markedly less than children cared for in families (van IJzendoorn et al., 2020). Slower growth of this kind is a well-established predictor of death in lower and middle-income countries. Using the least severe category of growth delay in the underlying evidence, the model treats growth delay as raising the risk of death by 1.4 to 1.7 times (Olofin et al., 2013), corroborated by separate evidence on anaemia, a related sign of the same underlying poor diet, and repeated infection (Fuglestad et al., 2013, Scott et al., 2014).

Delayed illness detection.

In the most under-staffed institutions, one adult can be responsible for up to 30 children, and direct contact with

any one child can fall to as little as 6% of their waking hours (van IJzendoorn et al., 2020) thereby delaying illness detection. Community studies show that delayed treatment for a common childhood illness, pneumonia, raises the risk of death by around 1.5 to 1.7 times compared with prompt treatment (Sazawal and Black, 2003). This report uses a lower, hedged figure of 1.3 times, deliberately set below what that evidence would support.

Structural neglect.

This is the absence of a consistent, familiar adult able to form a stable bond with a child, distinct from whether that child is fed or seen by a doctor. A 60-year study following children from Zurich infant institutions, where physical and medical care was judged adequate throughout, isolated this factor and found it raised the risk of death by 1.48 times (Lannen et al., 2026).

Multiplying the floor of each pathway, 1.4 by 1.3 by 1.48, gives 2.69. Multiplying each pathway's most defensible higher value gives 3.3. Both figures are deliberately conservative: each pathway uses the lowest reasonable reading from its relevant evidence base. A wider body of research points toward a considerably larger effect, including a study of more than 3.2 million people that found more than double the death rate among adults with a history of state care (Batty, Kivimaki and Frank, 2022).

B



Institution.
Andreea Tănase / Hope and Homes for Children

COMPONENT B: THE GENERAL RISK CONFLICT BRINGS TO EVERY CHILD, 1.4 TO 2.0 TIMES

Component B measures what conflict does to every child in an affected area, whether they are cared for in a family or confined in an institution. Two independent studies anchor this range (Jawad et al., 2020, Abouharb, 2023).

COMPONENT C: WHAT CONFLICT DOES SPECIFICALLY INSIDE INSTITUTIONS, 1.5 TO 2.7 TIMES

Component C captures five mechanisms with little or no equivalent for a child cared for in a family: kinship severance, a fixed location that cannot move when danger does, state guardianship exercised through rotating staff rather than a named adult, documentation failure and fabrication, and humanitarian invisibility (since these institutions typically sit outside child protection systems).

The floor of 1.5 rests principally on kinship severance, calibrated from a systematic review that found markedly elevated rates of clinically significant mental disorder among children whose family attachment has been disrupted by displacement (Kien et al., 2019) – increasing the likelihood of decision making and social vulnerability that exposes them to potentially lethal hazards – and corroborated by independent evidence of children recruited, trafficked or forcibly transferred out of institutions in the Democratic Republic of Congo, the Central African Republic, Sierra Leone, Myanmar, Syria and Ukraine, over three decades. This is not a single measured multiplier. It is a structured judgement built from convergence across six conflicts, deliberately weighted toward caution.

The remaining four mechanisms are not separately quantified, since no single study measures a comparable mortality figure for any of them. Each is independently

documented and corroborates the same direction of harm. Some of Ukraine's residential institutions experienced all five mechanisms operating together – over 21 damaged or destroyed facilities, evacuations that left children with the greatest support needs behind, more than 8,400 children traced to facilities in Russia, and a formal 2022 finding from the UN Committee on the Rights of Persons with Disabilities that children remaining in Ukraine's institutions faced a disproportionate risk of death. Sudan's Mygoma orphanage shows the same convergence in a different country. At least 71 children died there within seven weeks once conflict cut off staff, food and medicine in April 2023 (AP and UNICEF, 8 June 2023). The ceiling of 2.7, less than double the floor, reflects this convergence rather than a further calculation, and is deliberately restrained given how many of the underlying sources describe extreme, not typical, conditions.

Section 5 THE CALCULATION

This report makes two comparisons. The first, and this report's headline finding, compares a child confined in an institution during conflict with a child cared for in a family living through the same conflict. Component B applies equally to both children and cancels out, so this comparison multiplies Component A by Component C alone. Using each component's floor, 2.69 by 1.5, gives 4.04. Because some of the evidence behind these two components may overlap rather than being perfectly independent, a downward adjustment of 50% is applied throughout, producing this report's headline finding: children confined in residential institutions and orphanages in conflict affected countries face a mortality risk at least 2.02 times higher than children cared for in families living in the same settings. Using each component's higher values gives a ceiling of 4.4 times.

A second, wider comparison brings Component B back in, comparing an institutionalised child in conflict against a child cared for in a family in peacetime. This produces a range of 2.83 to 8.8 times.

To test whether this finding depends on how the model is built, a deliberately hostile, adversarial version was developed, using addition instead of multiplication, and values set below every floor already used, including a version of Component A that gives structural neglect no weight at all. Even on this construction, developed specifically to work against the main model's conclusion,

the same conflict comparison still reaches 2.12 times, higher than the 2.02 headline finding. This report treats that result as evidence that 2.02 is more likely to understate the true elevation in risk than to overstate it.

This gives the main model genuine robustness. Every component is corroborated by more than one independent line of evidence, every input uses the lowest defensible value the evidence supports rather than a central estimate, and the model's structure follows established epidemiological practice for combining independent risk factors (Rothman and Greenland, 1998).

One limitation deserves attention here. Components A and C may share a small amount of unidentified common ground rather than being perfectly independent, for instance between the evidence behind structural neglect and state guardianship. This report addresses that risk with the 50% downward adjustment described above, rather than assuming perfect independence, and shows what happens if that judgement is set higher or lower. Even at a considerably more cautious 60% adjustment, the same conflict range remains 1.62 to 3.5 times, still a significant and evidenced elevation in risk. The main report also sets out the central limitation behind every figure in this section, that no dataset anywhere in the world directly measures this comparison, which is why this report recommends a dedicated study be commissioned without delay.

Section 6

CHILDREN WITH DISABILITIES, GIRLS AND INFANTS

This report's headline range is a population average. It should not be read as the same for every child. Three groups face a materially higher risk.

Children with disabilities.

A meta-analysis pooling more than 267,000 people with disabilities across 22 countries found children under 18 with disabilities face 4.46 times the risk of death compared to children without disabilities, the highest elevated risk of any age group studied (Smythe and Kuper, 2024). A Scottish cohort study, in one of the best resourced health systems in the world, found children with intellectual disabilities almost 11 times more likely to die than children without,

rising to 27 times among 5 to 9-year-olds (Hughes-McCormack et al., 2022). Children with disabilities are also disproportionately confined in residential institutions and orphanages and were consistently the ones left behind during Ukraine's evacuations (Disability Rights International, 2023).

Dmytro's own account, given under his real name with his permission, is what these figures look like from the inside:

“

I could not take care of myself, and the staff, they didn't really come up to me and ask what I needed help with, what they could do for me... So, I was crawling on the floor because I couldn't walk. I was eight years old... Since I was adopted, everything has changed for me. I felt loved, accepted and supported for the very first time in my life. I don't worry anymore about what will happen to me... Children who are still in institutions near the front line have nobody to make them feel that way. I have a family who does that for me.”

”

Dmytro, who spent eight years of his childhood in a residential institution in Ukraine

Dmytro's account is not an extreme case. It is what the evidence above looks like from the point of view of one child.



Girls with disabilities.

Girls and young women with disabilities face up to 10 times more gender-based violence than those without disabilities, drawing on research by the African Child Policy Forum (cited in UNFPA). Removing the protection of a present, attached adult, which institutionalisation does, removes the strongest documented safeguard against a risk this group already carries at a materially higher rate than other children.

Infants.

The youngest children carry the sharpest risk of all. Conflict's general mortality effect on children under five is more than three times the effect on the general population (Jawad et al., 2020), and growth delay itself is more severe for children under three and a half than for the wider institutionalised population (van IJzendoorn et al., 2020). An infant cannot report their own symptoms or seek help alone and depends entirely on an attentive adult noticing illness in time.

Any policy response that treats all institutionalised children as equally at risk keeps those children who need protection most in the greatest danger.

“

Girls and young women with disabilities face up to 10 times more gender-based violence than those without disabilities.

”



Institution, Bosnia.
Hope and Homes for Children

Section 7

WHY THIS CANNOT WAIT: ACCOUNTABILITY AND COST

The legal basis for acting before, not after, conflict hits already exists. The Convention on the Rights of Persons with Disabilities, the Convention on the Rights of the Child and the Geneva Conventions each place an obligation on states to prevent foreseeable harm to children in their care. In October 2022 the UN Committee on the Rights of Persons with Disabilities formally determined that children remaining in Ukrainian institutions faced a disproportionate risk of death, one of the first such determinations of its kind.

But it came in response to a crisis already underway. Romanian investigators have documented more than 2,200 child deaths across the institutions they examined, yet the first criminal referral naming state employees, over the deaths of 771 children at just three institutions, did not come until 2017, almost three decades late, and long after most of those responsible could meaningfully be held to account (IICCMER, 2017 and 2018). Now that the elevated risk institutionalised children face in conflict is foreseeable, leaving children in these settings, or placing more children into them, is a choice, and this report calls for that choice to carry consequences before the next conflict begins, not after it.

There is no defensible financial excuse for inaction. In Moldova, a defined package of

family-based support cost 17,185 Moldovan leu per child, against 245,000 to 339,000 leu for institutional placements, making family care between 14.3 and 19.7 times cheaper (Changing the Way We Care, 2023). Comparable differentials, with family care evidenced as consistently cheaper, have been documented in Bosnia (9.3 times, Hope and Homes for Children programme data), Bulgaria (7.7 times, Mulheir, 2015) and South Africa (more than 8 times the monthly cost, Desmond and Gow, 2002). More broadly, anticipatory humanitarian action returns an estimated two to seven US dollars in value for every dollar invested (Kersting, 2025), and early childhood investment, of the kind family strengthening sits within, can return as much as 13 dollars for every dollar spent (WHO, UNICEF and World Bank Group, 2018).

Think of it like this. If up to 1.2 million children are confined in residential institutions and orphanages in conflict-affected locations, and we conservatively assume, on average, that costs 500 US dollars per child per month, then annually that comes to as much as 7.2 billion US dollars. The money is already in the system.

— from the main report

Moving children out of residential institutions and orphanages back to family before conflict hits costs less than the confinement it replaces, and it saves lives.

“

This report's findings are not only a humanitarian concern, they sit alongside formal legal determinations and demand accountability.

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Institution, Bosnia.
Hope and Homes for Children

Section 8

KEY RECOMMENDATIONS

- **Treaty bodies** should issue guidance identifying states with large, institutionalised populations and elevated conflict risk before crisis onset, not only after one.

- **The UK Foreign, Commonwealth and Development Office** should

➤ Explicitly connect the UK's foreign and development policy priorities around women and girls and conflict and humanitarian to the Care Reform Campaign, including promoting care reform as a violence-prevention effort within conflict affected and fragile settings within the UK's Presidency of the G20.

➤ Link Accelerator 7 of the Roadmap to a dedicated pooled financing instrument, blending bilateral government funding with philanthropic capital, so that Charter signatories in fragile and conflict affected states can draw on financing and technical lessons already proven elsewhere.

- **Defence and security institutions, including NATO**, should require residential institutions to be treated as fixed, identifiable sites in national civil protection and evacuation planning in fragile and conflict affected states, with an up to date registry of registered and non-registered children's institutions shared with humanitarian and military actors, and adopt deinstitutionalisation as an explicit,

funded component of conflict and disaster preparedness planning, including through the United Kingdom's role in NATO.

- **National and local child protection authorities** should give every institutionalised child a named individual with authority to act for them in an emergency, and a current evacuation plan.

- **Humanitarian actors, including the CERF and the Alternative Care in Emergencies Toolkit revision**, should formally incorporate this report's mortality evidence and make residential institutions mandatory sites in needs assessments.

- **Academic and research institutions** should commission a direct mortality data study comparing regional outcomes in Ukraine against pre-invasion deinstitutionalisation progress, without delay.

- **Donor governments and philanthropic funders** should fund deinstitutionalisation as anticipatory humanitarian action, attach conditionality accordingly, and avoid funding models that pay institutions per child.

- **Media, public figures and the general public** should stop visiting or endorsing individual orphanages and redirect that support toward family strengthening and reunification instead.



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About Hope and Homes for Children

Hope and Homes for Children is a leading organisation on global child care reform. Established in the aftermath of the Bosnian conflict in 1994, Hope and Homes for Children has operated in several conflict-affected countries including Sudan, post-genocide Rwanda and Ukraine. Our mission is to serve as a catalyst for the global elimination of orphanages. This is our entry point in the reform process, to which we bring a full systems approach across social protection, health, education, welfare and so on, focusing on key elements within those systems such as gatekeeping, prevention, family strengthening and case management. Our impact is clear. Working alongside and investing in local partner organisations, as well as with local authorities and national governments, we have helped to reduce the number of children confined in residential institutions and orphanages from more than 100,000 to less than 500 in Romania, from 33,000 to less than 300 in Bulgaria, and from 13,000 to less than 600 in Moldova. We have achieved similar results in Rwanda and South Africa, and are more recently pushing for reform in Kenya, Nepal and India. Our hybrid model of systems reform support and humanitarian response continues to develop in Ukraine.

About the author

Mark was International Programmes Director for Village AID, working in Sierra Leone during the conflict among other locations. As CEO of War Child, he worked regularly in Afghanistan, Iraq and Democratic Republic of Congo with colleagues and partner organisations. As CEO of Hope and Homes for Children, he undertakes monitoring and advocacy visits to Ukraine, including most recently in June of 2026 specifically to collect data and undertake interviews for this report. In a voluntary capacity, he served as the Chair of the Board of Micaia for nine years, an NGO that develops innovative grass roots solutions to structural poverty, and then on the Board of Barnardo's, the UK's largest children's charity, including as the Chair of the Barnardo's Foundation. More recently, and in an independent capacity, Mark has led a review of discrimination and accountability within the humanitarian sector and is currently developing a new financing and delivery mechanism that focuses on local responder capabilities.

You can connect with Mark here:
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Please visit our website to access a copy of our systems change overview.



JOIN OUR CHILDREN CONFINED IN CONFLICT CAMPAIGN

We're working with partners around the world for a future in which no child is confined in a residential institution or orphanage when conflict hits. By supporting our campaign you can help make sure that every child is protected with the love and care of a family when they need it most.



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