

FACT SHEET The Impact of Mines/ERW on Children

November 2014

Child casualties¹

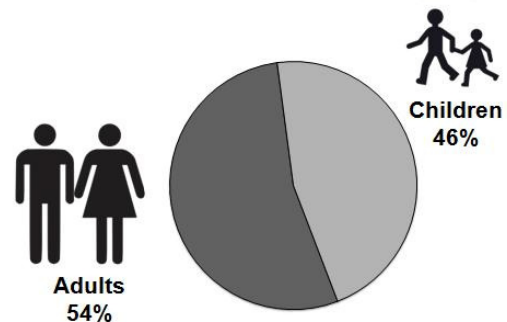
In 2013, there were 1,112 child casualties in 39 states and three other areas from landmines, victim-activated improvised explosive devices (IEDs), cluster munition remnants, and other explosive remnants of war (ERW)—henceforth “mines/ERW.”² Of this total, 333 children were killed and 779 were injured.

Children accounted for almost half (46%, 1,112 of 2,403) of all civilian casualties for whom the age was known in 2013 (Figure 1).⁴ This represented an increase from the 39% recorded for 2012⁵ and was also the second highest percentage of child casualties—after 49% in 2007—since specific data became available in 2005. The average annual rate of child casualties since 2005 is 43% of civilian casualties.⁶

In some of the states with the greatest numbers of casualties, the percentage of child casualties in 2013 was much higher than the global average of 46%. Children constituted 90% of all civilian casualties in Democratic Republic of the Congo (DRC), 82% in Yemen, and 75% in South Sudan.

Between 2012 and 2013, significant increases in the number of child casualties were seen in Afghanistan, Syria, and South Sudan. There were 487 child casualties in Afghanistan in 2013, representing almost half of all civilian casualties in that country and also making up nearly half (44%) of all child casualties recorded globally in 2013. Furthermore, greater numbers of children

Mine/ERW casualties by age in 2013³



¹ These statistics refer to the percentages of civilian casualties where the age or sex was known.

² Figures include individuals killed or injured (as well as those people for whom it was not known if they survived or were killed) in incidents involving devices detonated by the presence, proximity, or contact of a person or a vehicle; these devices include antipersonnel mines, antivehicle mines, victim-activated IEDs, abandoned explosive ordnance (AXO), unexploded ordnance (UXO), and cluster munition remnants. Not included in the totals are: estimates of casualties where exact numbers were not given; incidents caused or reasonably suspected to have been caused by remote-detonated mines or IEDs (those that were not victim-activated); and people killed or injured while manufacturing or emplacing devices. Casualties from the use of cluster munitions in combat and weapon strikes during the deployment and dispersal of submunitions are not included in this data. However, they are reported in the overview on cluster munition casualties in the annual Cluster Munition Monitor report, see ICBL-CMC, *Cluster Munition Monitor 2014*, www.the-monitor.org/index.php/LM/Our-Research-Products/CMM14.

³ This includes only the civilian casualties for which the age was known.

⁴ Child casualties are defined as all casualties where the victim is less than 18 years of age at the time of the incident.

⁵ The 2012 figures included in this fact sheet are based on data received during 2014 research that updated previously reported figures. Based on data available in 2013, the Monitor previously reported that the 1,168 child casualties recorded in 2012 accounted 47% of all civilian casualties for whom the age was known.

⁶ Between 2005 and 2013, there were 9,608 child casualties of a total of 22,434 civilian casualties for which the age and outcome was known. The Monitor began to be able to systematically collect age-disaggregated mine/ERW casualty data for all states and areas in 2005.

became casualties of mines/ERW in 2013 in Afghanistan than in 2012, although the total number of casualties decreased, indicating a possible shift in the risk factors children faced in that country. In Syria—where the number of mine/ERW casualties had been quite low in the years prior to the start of armed conflict in 2011—50 children were reported as killed or injured by mines/ERW in 2013, which was more than eleven times the number of children recorded in casualty data for 2012. In South Sudan, the number of child casualties followed the trend of increased overall casualties recorded with 33 child casualties in 2013, compared to 10 in 2012; children accounted for 72% of all civilian casualties in 2013 and 45% in 2012 in the country.⁷

Since monitoring began in 1999, every year there have been about 1,000 child casualties from mines/ERW, with significantly greater numbers of children recorded as killed and injured in 1999 and 2001.⁸ Given the lack of age-disaggregated data available in the initial years of Monitor casualty research, it is certain that the number of child casualties from 1999–2004 was in fact much higher than the reported figures.

States with the largest numbers of child casualties from mines/ERW in 2013⁹

State	Child casualties	Total civilian casualties	Child casualties among civilian casualties
Afghanistan	487	1024	48%
Colombia	57	165	35%
Syria	50	133	38%
Pakistan	45	175	26%
Yemen	40	49	82%
South Sudan	33	46	72%
Somalia	29	65	45%

Note: **Bold** represents States Parties to the Mine Ban Treaty, which as such have made commitments to address the needs of mine/ERW victims.

When considering the impact of different categories of explosive items on children in 2013, more than half (57%) of child casualties were caused by ERW, while 12% were caused by antipersonnel mines and 14% by victim-activated IEDs that acted as antipersonnel mines.¹⁰ The number of child casualties of antipersonnel mines increased by four percent in 2013 compared to 2012.¹¹

Compared to adults, children were disproportionately affected by ERW; 72% of ERW casualties were children despite ERW being the cause of just 30% of all casualties, with military casualties included.

⁷ For further details about these countries, please see the relevant 2014 Monitor country profiles available on the Monitor website, www.the-monitor.org/cp.

⁸ The Monitor identified more than 1,500 child casualties in 1999 and more than 1,600 in 2001.

⁹ This includes only those casualties for which the civilian/security status and the age were known. The 2012 figures are based on data updated from 2014 reporting.

¹⁰ The remaining child casualties were caused by cluster submunitions (2%), antivehicle mines (2%), unspecified mine types (5%), and victim-activated devices of unknown type (8%).

¹¹ In 2012, 8% of child casualties were caused by antipersonnel mines.

With girls making up 16% of child casualties in 2013, boys continued to constitute the vast majority of child casualties.¹² In many countries contaminated with mines/ERW, boys are more involved than girls in outdoor activities (such as herding livestock, gathering wood and food, or collecting scrap metal) during which they are likely to come into contact with mines and ERW.¹³ Children in general are more likely to deliberately handle explosive devices than adults, often unknowingly, out of curiosity, or by mistaking them for toys.

Assistance to child casualties

Children, especially boys, are one of the largest groups of survivors. Since child survivors have specific and additional needs in all aspects of assistance, the Convention on Cluster Munitions requires that victim assistance be age-appropriate and its Vientiane Action Plan as well as the Mine Ban Treaty's Maputo Action Plan also stress this principle. For example, children whose injuries result in amputated limbs require more complicated rehabilitative assistance. They need to have prostheses made more often as they grow, and may require corrective surgery for the changing shape of a residual limb (stump).

However, many efforts reported by states were limited to disaggregating data, rather than on efforts to address the specific needs of survivors according to their age. Victim assistance providers rarely keep statistics that provide reliable records of how many child mine/ERW survivors or other children with disabilities have been assisted and which services have been rendered. In 2013, only **Iran** and **Sudan** were identified as having launched specific mine/ERW survivor needs assessment initiatives targeting children. Where age-sensitive assistance was available, most reported services were for child survivors rather than the children of people killed. Age-sensitive assistance remained among the least considered aspects of victim assistance provisions.

Recognizing the need for improvements in the area of victim assistance for children, the Co-Chairs of the Mine Ban Treaty Standing Committee on Victim Assistance and Socio-economic Reintegration initiated a process to develop international recommendations and guidelines on providing assistance to children, adolescents, and their families. This process coincided with efforts by UNICEF in 2013; the theme of its flagship report, "The State of the World's Children," was children with disabilities and it included a focus on the impact of mines/ERW on children.¹⁴ The process to develop guidelines began with a two-day workshop of victim assistance experts in May 2013 that resulted in a set of recommendations entitled "Strengthening the Assistance to Child Victims."¹⁵ Building on this experience and through the information shared during the workshop, Colombia published the "Guide for the Comprehensive Assistance for Boys, Girls and Adolescent Mine Victims," that was presented during the Mine Ban Treaty Third Review Conference in Maputo in June 2014. These guidelines are intended serve as a reference and

¹² Statistics refer to data where the sex of casualties was recorded. The sex of 65 child casualties was not recorded for 2013.

¹³ For more information about the impact of mines/ERW on children and the wider impact of armed conflict on children, see Office of the Special Representative of the Secretary-General for Children and Armed Conflict, "Landmines, Cluster Munitions and Unexploded Ordnances," undated, childrenandarmedconflict.un.org/effects-of-conflict/landmines-cluster-munitions-and-unexploded-ordnances/.

¹⁴ "Focus: Explosive remnants of war," by the Victim Assistance Editorial Team at the Landmine and Cluster Munition Monitor, in UNICEF, *The State of the World's Children 2013: Children with disabilities*, 30 May 2013, www.unicef.org/sowc2013/focus_war_remnants.html.

¹⁵ "Strengthening the Assistance to Child Victims," Submitted by Austria and Colombia, Maputo Review Conference Documents, www.maputoreviewconference.org/fileadmin/APMBC-RC3/3RC-Austria-Colombia-Paper.pdf.

provide support to states, international organizations, and NGOs looking to set up policies, plans, programs, and projects targeting child victims of mines/ERW.¹⁶

In 2013, a small but increasing number of activities to address the specific needs of survivors according to their age were reported by States Parties to the Mine Ban Treaty.¹⁷ These developments reflected growing recognition of the remaining and ongoing challenges in most States Parties with responsibilities for child victims.

Medical care and physical rehabilitation

In **Yemen**, families of child survivors struggled to afford medical care, the timing and quality of which is vital to the long-term prospects of children after injury. The construction of a designated physiotherapy building for females and children in the Sana'a rehabilitation center aimed to overcome obstacles faced in accessing services, particularly by children. In **Burundi**, although the adaptation of services for children remained a key challenge, efforts were made in the rehabilitation sector to increase access for children to corrective devices by providing free lodging and meals at a center in Bujumbura.

Psychological support

The Regional Center for Psychosocial Rehabilitation of Children and Young People, Including Mine Victims, "Model of Active Rehabilitation and Education (M.A.R.E.)," in **Croatia** offered professional psychosocial support and peer support. It also implemented new activities, including psychosocial rehabilitation of mine/ERW survivors, including children, and their families. In **Cambodia**, although the country lacked a national integrated system for psychological or psychiatric assistance, a national NGO supported the development of self-help groups that focused mainly on the needs of children with disabilities.

Education, accessibility, and awareness-raising

In many countries, child survivors have to end their education prematurely due to the period of recovery needed and the accompanying financial burden of rehabilitation on families. A lack of physical access to schooling and other public services essential to social and economic inclusion was an ongoing challenge for child survivors in many countries.

Physical access to public buildings in **Iraq**, including schools, was very limited and as a result, many children with disabilities dropped out of public schools.

In **Sudan**, the Ministry of Education established a special education department and began developing a national strategy for the education of children with disabilities. Some children with disabilities attended public schools and some attended specialized schools for children with disabilities. But specialized schools lacked resources, and appropriate facilities to educate children with disabilities in rural areas were rare. In **Senegal**, there was an increased focus on age-specific issues, including education for child survivors.

¹⁶ Republic of Colombia, Presidential Program for Integrated Action against Antipersonnel Mines, "Guide for Comprehensive assistance to boys, girls and adolescent landmine victims – Guidelines for the constructions of plans, programmes, projects and protocols," Bogota, 2014, [www.accioncontraminas.gov.co/Documents/Guide for Comprehensive Assistance to boys, girls and adolescents Landmine Victims.pdf](http://www.accioncontraminas.gov.co/Documents/Guide%20for%20Comprehensive%20Assistance%20to%20boys,%20girls%20and%20adolescents%20Landmine%20Victims.pdf).

¹⁷ For further details about the following developments, please see the relevant 2014 Monitor country profiles available on the Monitor website, www.the-monitor.org/cp.

Insufficient awareness of disability issues among teachers and fellow pupils can lead to discrimination, isolation, and the inability to participate in certain activities. In **Somalia**, schools throughout the country did not accept the majority of children with disabilities as pupils. This is a demotivating factor for child survivors to stay in school. In **Afghanistan**, an inclusive education policy was drafted, translated into national languages, and shared with the Ministry of Education for review and approval by its scientific and academic council. Also, since 2008 a government-run inclusive education program has been operating in the country that increased the enrollment of children with disabilities. Inclusive education training for teachers, as well as children with disabilities and their parents, continued to increase in 2013.