

FACT SHEET

The Impact of Mines/ERW on Children

December 2013

A total of 3,628 new casualties¹ from mines, victim-activated improvised explosive devices (IEDs), cluster munition remnants, and other explosive remnants of war (ERW) were recorded in 62 states and areas in 2012. This included 1,066 people killed and another 2,552 people injured.² It is known that many more casualties go unreported, especially in the most heavily affected countries.

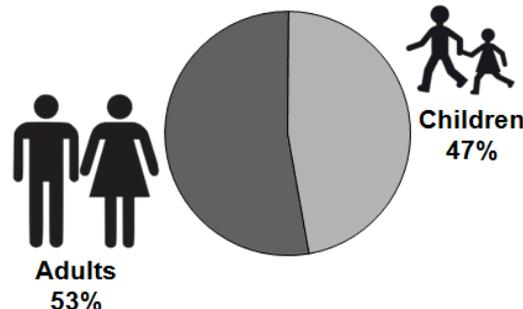
In 2012, recorded casualties decreased to the lowest level since the Monitor started recording casualties in 1999.³ The annual incidence rate of 10 casualties per day for 2012 is just 40% of what was reported for 1999, when there were approximately 25 casualties each day. Overall, the number of mine/ERW survivors continued to increase globally.

Girls and women accounted for 13% of casualties where sex was known, up from 10% in 2011. Boys and men continued to comprise the vast majority of all casualties. Nearly all military casualties and deminer casualties were men.

Mine/ERW casualties by age in 2012⁴

Child casualties⁵

There were 1,168 child casualties recorded in 2012 accounting for almost half (47%) of all civilian casualties for whom the age was known (Figure 1).⁶ This was an increase from the 42% recorded in 2011 and a slight increase from the average annual rate of 44% child casualties as recorded since 2005.⁷



In some of the states with the greatest numbers of casualties, the percentage of child casualties in 2012 was much higher than the global average of 47%. Children constituted 72% of

¹ Figures include individuals killed or injured (as well as those people for whom it was not known if they survived injury) 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. In many states and areas, numerous casualties go unrecorded; thus, the true casualty figure is likely significantly higher.

² For 10 casualties recorded in 2012, it was not known if the person survived their injuries.

³ The 2012 casualty figure of 3,628 is a 19% decrease compared with the 4,474 casualties recorded in 2011 and 10% fewer than the second lowest casualty total recorded by the Monitor, 4,224 in 2009.

⁴ This includes only the civilian casualties for which the age was known.

⁵ These statistics refer to the percentages of civilian casualties where the age or sex was known.

⁶ Child casualties are defined as all casualties where the victim is under 18 years of age at the time of the incident.

⁷ Between 2005 and 2012, there were 8,392 child casualties of a total of 19,224 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.

all civilian casualties in India, 70% in Somalia, 65% in Sudan, 61% in Afghanistan, and 50% in Yemen.

Between 2011 and 2012, significant increases in the number of child casualties were seen in Yemen, Colombia, and Cambodia. In Yemen, where the percentage of child casualties has consistently been high, 105 children were killed or injured by mine/ERW in 2012, seven times the number in 2011 (15).⁸ In both Colombia and Cambodia, greater numbers of children became casualties of mine/ERW in 2012 than in 2011, although the total number of casualties decreased, indicating a possible shift in the risk factors children faced in those countries. In Colombia, there were 66 child casualties in 2012, compared to 44 in 2011; children accounted for 30% of all civilian casualties in 2012 and 22% in 2011. In Cambodia, the annual number of child casualties increased to 61 from 51; children accounted for 35% of civilian casualties in 2012 and 27% in 2011.

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 2001.⁹

States with the largest numbers of child casualties from mines/ERW in 2012¹⁰

State	Child casualties	Total civilian casualties	Child casualties among civilian casualties
Afghanistan	341	562	61%
Yemen	105	211	50%
Colombia	66	217	30%
Cambodia	61	176	35%
Pakistan	54	168	32%
Somalia	45	64	70%
India	41	57	72%

Note: **Bold** represents States Parties to the Mine Ban Treaty that have made commitments to address the needs of mine/ERW victims

When considering the impact of different categories of explosive items on children in 2012, more than two-thirds (69%) of child casualties were caused by ERW, while 21% were caused by antipersonnel mines and by victim-activated IEDs that acted as antipersonnel mines.¹¹

Compared to adults, children were disproportionately affected by ERW; 60% of all ERW casualties were children despite ERW being the cause of just 32% of all casualties, with military casualties included.

With girls making up 20% of child casualties in 2012, 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

⁸ This represented 50% of all civilian casualties in Yemen, compared to 94% in 2011. The much smaller number of casualties in Yemen in 2011 as compared to 2012 makes it difficult to compare percentages across the two years.

⁹ The Monitor identified more than 1,500 child casualties in 1999 and more than 1,600 in 2001.

¹⁰ This includes only the casualties for which the civilian/security status and the age were known.

¹¹ Ten percent of child casualties were caused by antipersonnel mines and 11% were caused by victim-activated IEDs.

¹² Statistics refer to data where the sex of casualties was recorded. The sex of 141 child casualties was not recorded for 2012.

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 Mine Ban Treaty Cartagena Action Plan and the Convention on Cluster Munitions Vientiane Action Plan require that victim assistance be age-appropriate. 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. Where age-sensitive assistance was available, most reported services were for child survivors although children of people killed were covered by laws on victims of armed conflict in Colombia and El Salvador. 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 guidelines on providing assistance to children, adolescents, and their families. The process began with a two-day workshop of victim assistance experts in May 2013. This 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.¹⁴

In 2012 and 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.¹⁵ These developments included progress in several countries, but also recognition of the remaining and ongoing challenges in most States Parties with responsibilities for child victims.

Medical care and physical rehabilitation

In **Colombia**, most hospitals were able to provide emergency medical care specific to the needs of child survivors, but access to appropriate ongoing medical care was hampered by administrative and bureaucratic obstacles. In response to a significant increase in child casualties in 2011 and 2012, Colombia established a special coordination committee for child victims. In

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 UNICEF, “The State of the World’s Children 2013: Children with disabilities,” 30 May 2013, www.unicef.org/sowc2013.

¹⁵ For further details about the following developments, please see the relevant 2013 Monitor country profiles at www.the-monitor.org.

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. In **Turkey**, a lack of facilities capable of addressing the rehabilitation needs for child survivors in mine-affected areas was still to be addressed.

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.),” was successfully established in **Croatia** by mid-2012.

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. In **Yemen**, it was found that long periods of hospitalization together with trauma made returning to school a significant obstacle.

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In **Uganda**, a government-launched program on inclusive education and a national accessibility campaign contributed to some increased access to schools in 2012 for children with disabilities, although this was mainly limited to urban areas. In **South Sudan**, a school for children with disabilities opened in 2012; however, there was a lack of teachers trained in working with children with disabilities. In **Senegal**, there was an increased focus on education for child survivors.

Insufficient awareness of disability issues among teachers and fellow pupils can lead to discrimination, isolation, and the inability to participate in certain activities. This is a demotivating factor for child survivors to stay in school. Since 2008, a government-run inclusive education program has been operating in **Afghanistan** 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 2012. A national landmine survivors’ NGO in **Afghanistan** also ran education-mainstreaming centers providing inclusive education and vocational training opportunities to children both with and without disabilities.