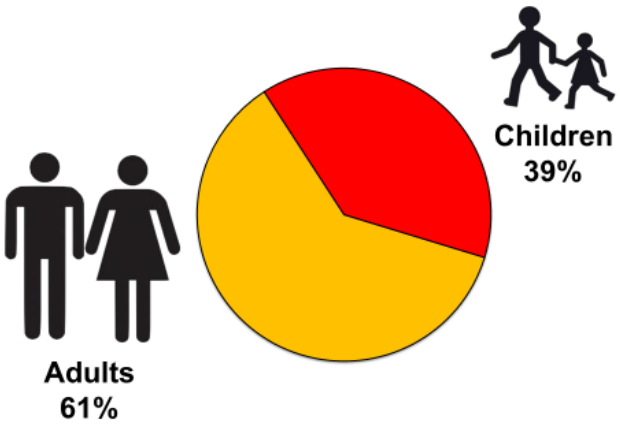
The Impact of Mines/ERW on Children

November 2015

Child casualties[1]

In 2014, there were 1,038 child casualties in 33 states and one other area 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, 319 children were killed and 716 were injured.[3]

Mine/ERW casualties by age in 2014[4]



Children accounted for more than one third (39%, 1,038 of 2,670) of all civilian casualties for whom the age was known in 2014.[5] This represented a decrease from the 46% of civilian casualties recorded for 2013.[6] Over the past 10 years (2005–2014), children have on average accounted for 42% of civilian casualties.[7]

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States with the largest numbers of child casualties from mines/ERW in 2014[8]

Country	Child casualties	Total civilian casualties	Percentage of child casualties
Afghanistan	561	1,225	46%
Syria	46	171	27%
Colombia	45	286	16%
Pakistan	45	233	19%
Somalia	39	84	46%
DR Congo	36	47	77%

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

From 2013 to 2014, significant increases in the number of child casualties were reported in Afghanistan, Democratic Republic of the Congo (DR Congo), Somalia, Cambodia, and Mali. Disturbingly, in Afghanistan, 561 child casualties were recorded in 2014, making up more than half (54%) of all child casualties recorded globally. This total also represented almost half of all civilian casualties in Afghanistan, and constituted a 15% increase in child casualties, with 74 more children becoming casualties of mines/ERW in 2014 than in 2013.

In some of the states with the greatest numbers of casualties, the percentage of child casualties in 2014 was much higher than the annual global average of 39%. Children constituted 77% of all civilian casualties in DR Congo, 62% in Lao PDR, 68% in Turkey, and 55% in South Sudan.

States with the highest percentages of child casualties from mines/ERW in 2014

State	Child casualties	Total civilian casualties	Child casualties among civilian casualties
DR Congo	36	47	77%
Turkey	19	28	68%
Senegal	10	15	67%
Somaliland	12	19	63%
Lao PDR	28	45	62%

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

In DR Congo, the number of child casualties continued to increase, with 36 child casualties in 2014, compared to 19 in 2013 and 10 in 2012.[9] In Niger and Uganda, although numbers of child casualties were low, with two recorded in each country, children were the only casualties recorded in 2014. In Syria—where access to information decreased and was limited —a similar number of child casualties was reported in 2014 (50) as in 2013 (46), with the actual number believed to be far higher.

Explosive devices causing child casualties in 2014

ERW continued to kill and injure more children than all other types of explosive devices combined. More than half (61%) of child casualties were caused by ERW, an increase of four percentage points compared to 2013. A further 8% of child casualties were caused by antipersonnel mines and 20% by victim-activated IEDs that acted as antipersonnel mines.[10]

Compared to adults, children were disproportionately affected by ERW; 60% of ERW casualties were children despite ERW being the cause of just 29% of all casualties (civilian, military, deminer, and those where such status is not known). Children in general are more likely to deliberately handle explosive items than adults, often unknowingly, out of curiosity, or by mistaking them for toys.

Gender and child casualties

With girls making up 18% of child casualties in 2014, boys continued to constitute the vast majority of child casualties.[11] 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.[12]

Assistance to child casualties

Child survivors have specific and additional needs in all aspects of assistance. 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).

The Mine Ban Treaty's Maputo Action Plan stresses the principle of age-sensitive assistance. The Convention on Cluster Munitions requires that victim assistance be age-appropriate. The Convention's Dubrovnik Action Plan 2015–2019 specifically refers to the need for the development and implementation of international standards, guidelines, and best practices, recognizing in particular the vulnerability of children with disabilities.

In accordance with the growing recognition of the need for improvements in the area of victim assistance for children, in 2014 several specific publications were issued. UNICEF released a

detailed and practical-oriented tool, "Assistance to Victims of Landmines and Explosive Remnants of War: Guidance on Child-focused Victim Assistance."[13] At the Mine Ban Treaty's Third Review Conference, the Co-Chairs of the Mine Standing Committee on Victim Assistance and Socio-economic Reintegration presented a set of recommendations entitled, "Strengthening the Assistance to Child Victims."[14] Colombia also published a "Guide for the Comprehensive Assistance for Boys, Girls and Adolescent Mine Victims."[15]

Many efforts in age-sensitive activities reported by states remained focused on collecting disaggregated data, rather than on actions designed to address the specific needs of survivors according to their age group. 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. Despite some progress, age-sensitive assistance remained among the least measured and reported aspects of victim assistance.

However, reflecting increased knowledge of the outstanding needs and ongoing challenges of providing adequate and appropriate assistance for child survivors, in 2014 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 and Convention on Cluster Munitions.[16] For example, in **Colombia**, a local victims' association held various meetings to evaluate and attend to victims' needs, including a workshop with children of victims to identify the issues they are facing. Where age-sensitive assistance was available, most reported services were for child survivors rather than the children of people killed.

Some countries increased efforts to have the rights of children with disabilities featured more prominently in their national policies. In **Guinea-Bissau**, which ratified the Convention on the Rights of Persons with Disabilities (CRPD) in 2014, the rights of children with disabilities featured prominently in its Universal Periodic Review for the UN Human Rights Council in early 2015, with a number of recommendations concerning reducing discrimination against children with disabilities.[17]

Medical care and physical rehabilitation

A number of countries increased availability of specialized care and services for children. In **Sudan**, the Cheshire Home for Disabled Children opened its prosthetic workshop with equipment and raw materials supplied by the ICRC.[18] In **Zimbabwe**, physical rehabilitation was offered for children with disabilities. In **Uganda**, a Kampala hospital offered free services to children in need of corrective surgery and other orthopedic services, while adults have to pay for services rendered.[19] In 2014, **Colombia** developed a new scheme for payment or reimbursement of assistance services to mine/ERW survivors that was introduced to cover children and adolescents. In **Chad**, following on from a general effort to increase access to rehabilitation services through financial and logistical support for survivors living in remote areas, the ICRC conducted an information campaign to raise awareness about accessing services

with its support. Priority was given to those in most need, especially women and children.[20] In **Burundi**, although the adaptation of services for children remained a key challenge, the Ministry of Public Health continued to cover the cost of physical rehabilitation for children under five years of age.[21]

In **Iraq**, healthcare centers and hospitals in the Kurdistan region were overwhelmed by the number of refugees in need entering from Syria during 2014, especially when combined with the increase in internal displacement. UNICEF and UNHCR monitored a border crossing between Syria and Iraq to identify families with vulnerable or disabled children for referral to specific services.[22]

Psychological support

In **Angola**, the need for psychological support was recognized by the Institute of Vulnerable Child Support and the Evangelical Baptist Church who, in 2015, sought funds for psychological support as part of a comprehensive package of victim assistance services in Huambo and Uige Provinces.[23]

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 **Croatia**, at the end of the school year 2013/2014, the Ministry of Education, Science and Sport proposed a policy document for enrolment in the first grade of secondary school that was not consistent with ensuring that the rights of students with disabilities were upheld, or recognizing their abilities. The document describes impairments that would prevent children with disabilities from studying or gaining academic recognition; these included visual impairments, hearing difficulties, and motor disabilities. The Ombudsperson for disability rights requested that the Ministry withdraw the document and include the advice of people who understand the concept of the social model of disability. It was subsequently announced the document will be amended.[24]

In **Eritrea**, while access to education remained a challenge for survivors, UNICEF ran its "Donkeys for School" project to provide transportation for 1,000 children with disabilities to and from school in the remote northern region of Anseba, but the program was limited in its reach due to a funding gap.[25]

Insufficient awareness of disability rights issues among teachers and fellow pupils can lead to discrimination, isolation, and the inability to participate in certain activities. In **Senegal**, the National Mine Action Center continued to deliver educational materials and supplies to children

victims of mine/ERW.[26] However, due to a lack of special education training for teachers and facilities accessible to children with disabilities, authorities enrolled only 40% of children with disabilities in primary school.[27] In **Somalia**, the Institute for Education for Disabled People provided inclusive education opportunities for children with disabilities, but less than 1% of children with disabilities attend school of any kind.[28]

In **Afghanistan**, an Inclusive Child Friendly Education-Coordination Working Group, chaired by the Ministry of Education, held six meetings during 2014 where national and international organizations discussed activities, achievements, challenges, and the way ahead. The key outcome was development, translation, and printing of the first comprehensive policy on disability-inclusive education in Afghanistan (developed in 2013). 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 2014.

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[1] These statistics refer to the percentages of civilian casualties where the age 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 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 2015*, www.the-monitor.org/en-gb/reports/2015/cluster-munition-monitor-2015/casualties-and-victim-assistance.aspx.

[3] For another three child casualties it is not known if they were killed or survived.

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

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

[6] Based on data available in 2014, the Monitor reported that there were 1,112 child casualties recorded in 2013 accounting for 46% of all civilian casualties for whom the age was known.

[7] Between 2005 and 2014, there were 10,685 child casualties of a total of 35,752 civilian casualties for which the age was known. The Monitor began to be able to systematically collect age-disaggregated mine/ERW casualty data for all states and areas in 2005.

[8] This includes only those casualties for which the civilian status and the age were known. In 2014, data on casualties in Syria was increasingly difficult to gather and considered incomplete.

[9] For further details about these countries, please see the relevant 2014 Monitor country profiles available on the Monitor website, www.the-monitor.org/en-gb/our-research/country-profiles.aspx.

[10] The remaining child casualties were caused by cluster submunitions (6%), antivehicle mines (1%), unspecified mine types (3%), and victim-activated devices of unknown type (3%).

[11] Statistics refer to data where the sex of casualties was recorded. The sex of 33 child casualties was not recorded for 2014.

[12] For more information see "Focus: Explosive remnants of war" in UNICEF, *The State of the World's Children 2013: Children with disabilities*, www.unicef.org/sowc2013/focus_war_remnants.html.

[13] UNICEF, "Assistance to Victims of Landmines and Explosive Remnants of War: Guidance on Child-focused Victim Assistance," November 2014, www.mineaction.org/resources/guidance-child-focused-victim-assistance-unicef.

[14] Austria and Colombia, "Strengthening the Assistance to Child Victims," Maputo Review Conference Documents, June 2014, www.maputoreviewconference.org/fileadmin/APMBC-RC3/3RC-Austria-Colombia-Paper.pdf.

[15] 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.

[16] For further details about the following developments, please see the relevant 2015 Monitor country profiles available on the Monitor website, www.the-monitor.org/en-gb/our-research/country-profiles.aspx.

[17] UN Integrated Peacebuilding Office in Guinea-Bissau, "Fulfilling the human rights of children with disability must be a priority," 29 May 2015, reliefweb.int/report/guinea-bissau/fulfilling-human-rights-children-disability-must-be-priority; and UN Human Rights Council, "Report of the Working Group on Universal Periodic Review: Guinea-Bissau," 13 April 2015, www.ohchr.org/EN/HRBodies/UPR/PAGES/GWSession8.aspx.

[18] ICRC Physical Rehabilitation Programme (PRP), "Annual Report 2014," Geneva, 2015.

[19] Telephone interview with Administrative Staff, Comprehensive Rehabilitation Services Uganda (CoRSU), March 2015.

[20] Response to Monitor questionnaire by Anne Catherine Roussel, ICRC, 16 February 2015.

[21] ICRC PRP, "Annual Report 2014," Geneva, 2015, p. 29.

[22] UNICEF, "Syria Crisis: Annual Situation Report," 2014, www.unicef.org/appeals/files/UNICEF_Syria__Annual_Regional_Crisis_Situation_Report_2014_.pdf.

[23] UNMAS, 2015 Portfolio of Mine Action Projects, www.mineaction.org/resources/portfolios.

[24] Email from Marija Breber, MineAid, 10 April 2015 (Source: Report on the work of the Ombudsperson for persons with disabilities, www.posi.hr).

[25] Email from Tedla Gebrehiwet, UNICEF Eritrea, 24 March 2015; UNICEF Eritrea, 2015 Humanitarian Action for Children, 24 March 2015, www.unicef.org/appeals/eritrea.html.

[26] Response to Monitor questionnaire by Barham Thiam, Senegalese National Mine Action Center (Centre national d'action antimines au Sénégal, CNAMS), 18 June 2015.

[27] United States Department of State, "Country Reports on Human Rights Practices for 2014: Senegal," Washington, DC, 25 June 2015, p. 20, www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm?year=2014&dlid=236398.

[28] "Information is Critical for People with Disabilities," *InterNews*, 19 March 2015, medium.com/local-voices-global-change/information-is-critical-for-people-with-disabilities-fe5f6449bbdc.