

FACT SHEET

December 2012

The Impact of Mines/ERW on Children

A total of 4,286 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 2011. This included 1,320 people killed and another 2,907 people injured.² It is known that many more casualties go unreported, especially in the most heavily affected countries.

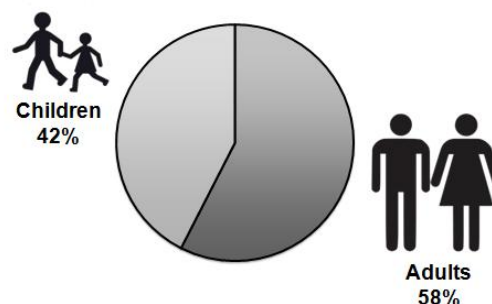
The global casualty total in 2011 was similar to that recorded in 2010 and 2009, with approximately a dozen casualties reported per day.³ The annual incidence rate is about a third of what it was one decade ago, when there were at least 32 casualties per day. Overall, the number of mine/ERW survivors continued to increase globally.

Girls and women accounted for 10% of casualties where gender was known. As in previous years, boys and men comprised the vast majority of all casualties. Almost all military casualties and deminer casualties were men.

Figure 1: Mine/ERW casualties by age in 2011⁴

Child casualties⁵

Child casualties in 2011 accounted for 42% of all civilian casualties for whom the age was known (Figure 1).⁶ This corresponded with the average annual rate of child casualties recorded by the Monitor since 2005.⁷



In some of the most mine/ERW-affected

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, such as all antipersonnel mines, antivehicle mines, victim-activated IEDs, abandoned explosive ordnance (AXO), unexploded ordnance (UXO) and cluster munition remnants. AXO and UXO, including cluster munition remnants, are collectively referred to as ERW. 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 59 casualties recorded in 2011 it was not known if the person survived their injuries.

³ Slight increases in the “mine/ERW” casualty rate were recorded between 2009 and 2010 (6%) and between 2010 and 2011 (2%) but these changes were statistically insignificant given variations in data availability in some countries from one year to the next.

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

⁵ These statistics refer to the percentages of casualties where the age or gender 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 The Monitor began to be able to systematically collect age disaggregated mine/ERW casualty data for all states and areas in 2005. The 42% average has fluctuated by just two percentage points per year, with the exception of 2007 when children made up 49% of all civilian casualties.

countries in the world, the percentage of child casualties was even higher in 2011. Children were 64% of all civilian casualties in Libya; 61% in Afghanistan; 58% in Lao PDR; and, 50% in Iraq. In some countries with fewer casualties, including Kenya, Uganda and Yemen, children made up some 90% of civilian casualties.

Between 2010 and 2011, significant increases in child casualties were seen in Iraq, Libya, and Pakistan. In Iraq, child casualties rose to 50 in 2011, compared with 18 in 2010. In Libya, where there was a sharp increase in casualties: 76 of 119 civilian casualties in 2011 were children, whereas just one casualty had been recorded for 2010. In Pakistan, 99 children were killed or injured by mines/ERW in 2011, more than double the 44 in 2010.

Since Monitor reporting began in 1999, there have been at least 1,000 child casualties of mines/ERW every year, with significantly greater numbers of children killed and injured in 1999 and 2001.⁸

States with the largest numbers of child casualties from mines/ERW in 2011⁹

State	Child casualties	Total civilian casualties	Child casualties among civilian casualties
Afghanistan	373	609	61%
Pakistan	99	332	30%
Libya	76	119	64%
Somalia	58	120	48%
Lao PDR*	56	97	58%
Cambodia	51	186	27%
Iraq	50	100	50%
Colombia	40	190	21%
Sudan	30	62	48%
Kenya	22	25	88%

*Note: Bold represents States Parties to the Mine Ban Treaty that have made commitments to address the needs of mine/ERW victims. *Lao PDR has committed to addressing the needs of mine/ERW victims under the Convention on Cluster Munitions.*

With girls making up 17% of child casualties in 2011, boys continued to constitute the majority of child casualties by far.¹⁰

When considering the impact of different categories of explosive items on children in 2011, nearly two-thirds (65%) of child casualties were caused by ERW, with 10% caused by victim-activated IEDs and 10% by antipersonnel mines.

In 2011, children comprised 39% of civilian casualties from victim-activated IEDs and 18% of casualties from antipersonnel mines among civilians in 2011. Children constituted the majority of all known civilian casualties caused by cluster munition remnants (62%) and other ERW (64%).

In many countries contaminated with mines/ERW, boys are more involved than girls in outdoor activities during which they are likely to come into contact with mines and ERW, such as

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

⁹ This includes only the casualties for which the civilian/security status and the age were known.

¹⁰ Statistics refer to data where the sex of casualties was recorded. The sex of 120 child casualties was not recorded for 2011.

herding livestock, gathering wood and food, or collecting scrap metal.¹¹ 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, not on their 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. Age-sensitive assistance remained among the least considered aspects of victim assistance provisions.

In 2011, a number of developments to address the specific needs of survivors according to their age were reported in States Parties.¹² These included progress in several countries, but also recognition of the remaining and ongoing challenges.

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. 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.¹³ 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

In **Croatia**, the south eastern Europe regional center for psychosocial rehabilitation of children and young people, including mine survivors, “Model of Active Rehabilitation and Education (M.A.R.E)” was successfully established by mid-2012.

¹¹ 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/.

¹² For further details about the following developments, please see the relevant 2012 Monitor Country Profiles at www.the-monitor.org.

¹³ Two Articles of the Colombian Victims’ law adopted in 2011 relate to the situation of child landmine survivors and require the provision of age-appropriate services.

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. Accessible inclusive or special education is seldom available and further hindered by the lack of appropriate training for teachers. In **Yemen**, it was found that long periods of hospitalization together with trauma made returning to school a significant obstacle.

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. Standards for physical accessibility to public spaces for persons with disabilities in **Uganda** lacked the force of law and it remained very difficult for children to access services as often as needed. Physical access to public buildings, including schools, in **Iraq** was also very limited. Child survivors in rural areas in **Colombia** faced a scarcity of school transportation and schools themselves were not adapted to the needs of children with disabilities.

In 2011, NGOs and UNICEF in **Senegal** established new projects to improve access to education for children affected by mines and ERW. In **Albania**, even as other victim assistance activities declined due to funding constraints, the education and social inclusion of child survivors remained an ongoing focus of the national victim assistance program.

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** which has increased the enrollment of children with disabilities. Inclusive education training for teachers, as well as children with disabilities and their parents increased in 2011. 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.