

FACT SHEET

THE IMPACT OF MINES/ERW ON CHILDREN – NOVEMBER 2016

CHILD CASUALTIES

Children are extremely vulnerable to the harm caused by landmines and improvised mines (also called victim-activated improvised explosive devices, or IEDs), cluster munition remnants, and other explosive remnants of war (ERW)—henceforth mines/ERW.

In 2015, there were 1,072 recorded child casualties from mines/ERW in 34¹ states and two other areas.² Of this total, 347 children were killed by mines/ERW and another 725 were injured. Landmine and Cluster Munition Monitor data on child casualties is the most complete global source. However, the actual number of child casualties in 2015 was certain to be far higher than recorded for the year. This was due in some cases to data being collected rapidly in hazardous and/or disorderly situations of emergencies, conflict, and displacement. Data was often unavailable or the available information lacked details on the age, as well as civilian or military status and gender of casualties.

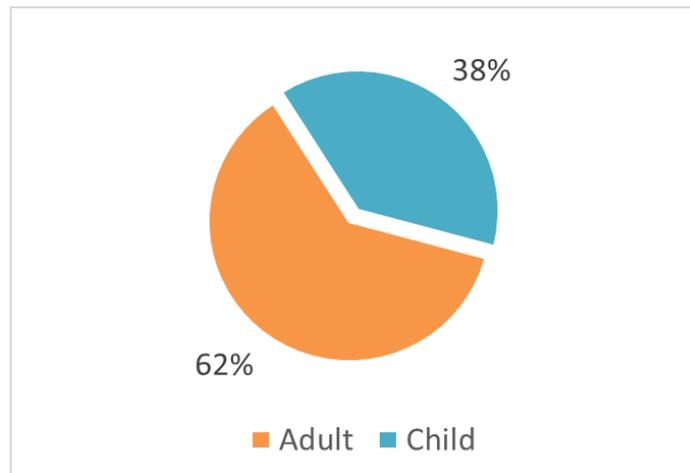
Child casualties are recorded where the age of the victim is less than 18 years at the time of the mine/ERW explosion, or when the casualty was reported by the source (such as media) as a being a child.³

¹ The states with child casualties recorded in 2015 were Afghanistan, Albania, Algeria, Angola, Azerbaijan, Burundi, Cambodia, Chad, Colombia, Democratic Republic of the Congo, Egypt, India, Iran, Iraq, Kenya, Lao PDR, Lebanon, Libya, Mali, Morocco, Myanmar, Namibia, Pakistan, Palestine, Somalia, South Sudan, Sudan, Syria, Tajikistan, Turkey, Uganda, Ukraine, Yemen, Zimbabwe, and other areas *Somaliland* and *Western Sahara*.

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 (also known as improvised landmines), unexploded cluster submunitions, and ERW: consisting of abandoned explosive ordnance (AXO) and unexploded ordnance (UXO). 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 remotely 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 2016*, www.the-monitor.org/en-gb/reports/2016/cluster-munition-monitor-2016/casualties-and-victim-assistance.aspx.

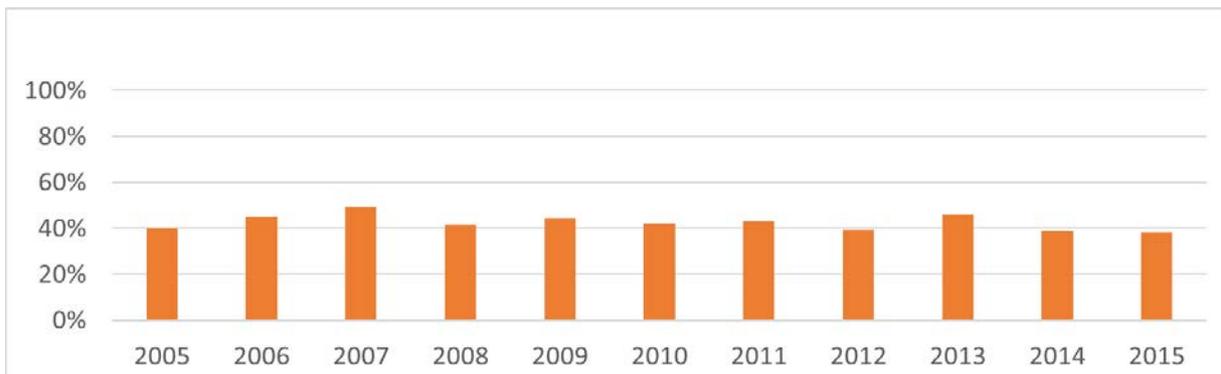
³ In some cases, but not in Monitor reporting, children are recorded as those who are under 15 years old.

Mine/ERW casualties by age in 2015⁴



Children accounted for 38% (1,072 of 2,805) of all civilian casualties for whom the age was known in 2015. This was similar to the 39% recorded for 2014 and for 2012, but a significant decrease from many past years, including 2013, when children represented 46% of civilian casualties. Since 2005, children have accounted on average for 42% of annual civilian casualties.⁵

Children as a percentage of civilian casualties (2005–2015)⁶



⁴ These statistics refer to the percentages of civilian casualties where the age was known.

⁵ Between 2005 and 2015, there were 11,774 child casualties of a total of 27,990 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.

⁶ This includes only the civilian casualties for which the age was known.

States with the largest numbers of child casualties from mines/ERW in 2015⁷

Country	Child casualties	Percentage of child casualties	Total civilian casualties
Afghanistan*	447	34%	1,309
Syria	100	12%	804
Myanmar	55	53%	103
South Sudan	45	60%	75
Somalia*	44	81%	54
Mali*	42	25%	166
Palestine*	36	49%	74
Cambodia	31	28%	111
Colombia*	27	12%	221

Note: **Bold** represents States Parties to the Mine Ban Treaty.

* Represents States Parties to the Convention on Cluster Munitions.

As in previous years, Afghanistan recorded the most child casualties of mines/ERW in 2015. Children were extremely affected by mines/ERW in Afghanistan, where the highest number of child casualties of conflict was recorded since the UN began systematically documenting civilian casualties in 2009.⁸ In 2015 in particular, the number of child casualties due to improvised landmines increased compared to any previous year. There were 288 child casualties of improvised mines recorded in 2015, making up 64% of child mine/ERW casualties in Afghanistan that year and marking an increase of more than 100 children killed and injured compared to the 181 recorded in 2014. Consequently, 2015 was the first year since 1999 that ERW (with 147 child casualties reported in 2015 and 355 in 2014) was not the primary cause of child casualties in Afghanistan, having been surpassed by improvised mines.

States with the highest percentage of child casualties from mines/ERW in 2015⁹

Country	Percentage of child casualties	Child casualties	Total civilian casualties
Somalia*	81%	44	54
Lebanon*	76%	13	17
Angola	72%	18	25
South Sudan	60%	45	75
Myanmar	53%	55	103
Palestine*	49%	36	74

Note: **Bold** represents States Parties to the Mine Ban Treaty.

* Represents States Parties to the Convention on Cluster Munitions.

⁷ This includes only those casualties for which the civilian status and the age were known. During the period 2013–2015, detailed data on casualties in Syria was increasingly difficult to gather and considered incomplete.

⁸ UN General Assembly and Security Council, “Children and armed conflict: Report of the Secretary-General,” (A/70/836–S/2016/360) 20 April 2016, bit.ly/ChildArmedConflict2016.

⁹ This includes only those casualties for which the civilian status and the age were known. During the period 2013–2015, detailed data on casualties in Syria was increasingly difficult to gather and considered incomplete.

In some states, the percentage of child casualties among civilians was much higher than the annual global average of 38% in 2015. Children constituted of 81% of all civilian casualties in Somalia, 72% in Angola, and 60% in South Sudan, all of which are States Parties to the Mine Ban Treaty with significant numbers of survivors and responsibilities to provide adequate assistance to victims.

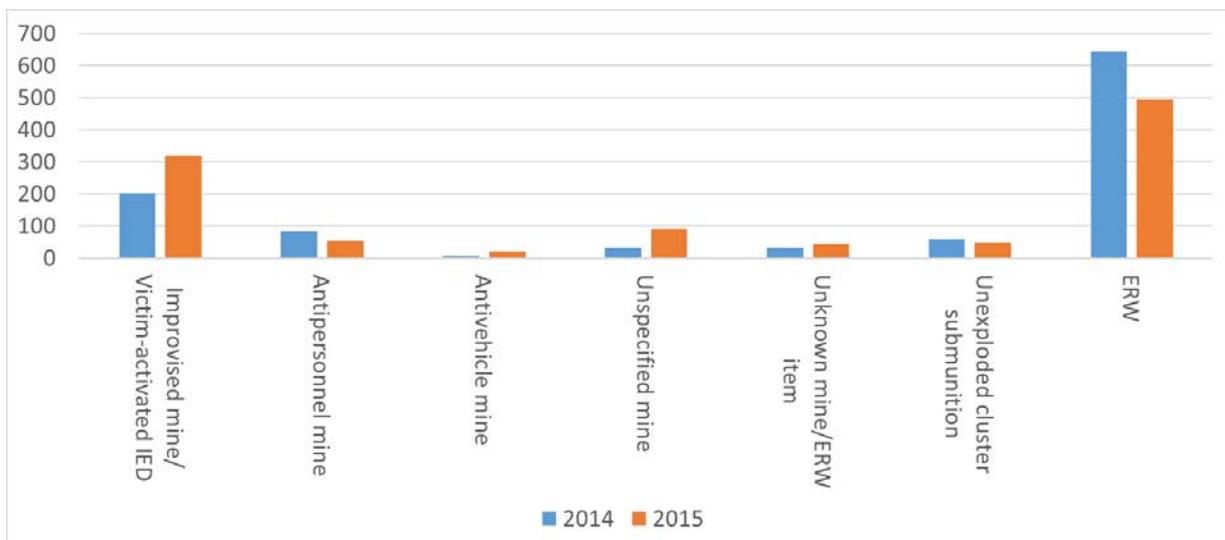
In Syria—where access to information decreased and was limited compared with 2014—the number of child casualties reported increased in 2015 (100) from 2014 (50) and 2013 (46), with the actual number believed to be far higher for all those years due to under-reporting. Children were the only mine/ERW casualties recorded in 2015 in Burundi (4), Chad (4), and Kenya (1).

Explosive devices causing child casualties in 2015

ERW continued to kill and injure more children than all other types of explosive devices combined. Almost half (46%, or 495) of child casualties worldwide in 2015 were caused by ERW. A further 30% (319) of recorded child casualties were caused by improvised mines, an increase of 10% from 2014. Antipersonnel mines caused 5% (54) of child casualties and unspecified mine types caused 8% (91).¹⁰

Compared to adults, children were disproportionately affected by ERW and unexploded cluster submunitions: in 2015, 60% of ERW casualties and 66% of unexploded submunition casualties were children, when the age was known.¹¹ Children in general are more likely to deliberately handle explosive items than adults, often unknowingly, out of curiosity, or by mistaking them for toys.

Child casualties by type of device in 2015



¹⁰ The remaining child casualties in 2015 were caused by cluster submunitions (5%, 54), antivehicle mines (1%, 21), and victim-activated devices of mines/ERW of unknown type (4%, 43).

¹¹ ERW casualties: 326 adults, 495 children, and 970 unknown. Unexploded submunition casualties: 25 adults, 49 children, and 2 unknown.

Gender and child casualties

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 Girls were 18% of child casualties in 2015, while boys continued to constitute the vast majority of child casualties.¹³ The percentage of girls among child casualties in 2015 was identical to the average for girl casualties since 2005.

Children and casualty data¹⁴

The Mine Ban Treaty Maputo Action Plan recognizes an “imperative to address the needs and guarantee the rights of mine victims, in an age- and gender-sensitive manner.” The Maputo Action Plan also affirms the need for States Parties to continue carrying out the actions of the previous Cartagena Action Plan, by which states committed to collecting all necessary data, disaggregated by age and sex.¹⁵ Children are recorded by their date of birth, age, or age group at the time of the mine/ERW incident.

The global mine/ERW casualty total in 2015 appeared to mark a contrast to years of progressive improvement in the disaggregation of casualty data. Notably absent from the table of states with the most child casualties are Yemen and Libya. The bulk of available casualty data for 2015 on both countries was derived from hospital records and had not been disaggregated by age, gender, or civilian status. These casualties accounted for 85% (1,917) of the 2,246 total casualties without details of age. In time, data collection and needs assessment can rectify data that lacks demographic details. However, in times of conflict and in other precarious security situations, details on casualties may be considered sensitive information on the part of victims, including families, when it is felt that sharing could reveal locations or activities and expose victims to danger.

For 2015, Libya had 10 recorded child casualties and 977 of unknown age,¹⁶ while Yemen had at least 11 child casualties recorded, and 940 of unknown age.¹⁷ In 2015, the Yemen Executive Mine Action Center (YEMAC) had registered 24 children (20 boys and four girls) among 365 mine/ERW victims. However, it was not reported how many of those children survived or were killed or if the incident occurred in 2015 for certain.¹⁸ In August 2016, the UN reported that due to increased conflict in Yemen “the number of children killed and injured by airstrikes, street fighting and landmines has grown sharply.”¹⁹

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 Statistics refer to data where the sex of casualties was recorded: 180 girls and 829 boys. The sex of 63 child casualties was not recorded for 2015.

¹⁴ See also, “Data collection and analysis,” in Sebastian Kasack, *Assistance to Victims of Landmines and Explosive Remnants of War: Guidance on Child-focused Victim Assistance* (UNICEF, November 2014), www.mineaction.org/sites/default/files/VA_Chapter5.1.pdf.

¹⁵ “Cartagena Action Plan 2010–2014: Ending the Suffering Caused by Anti-Personnel Mines,” Cartagena, 11 December 2009 (hereafter referred to as the “Cartagena Action Plan”), www.cartagenasummit.org/fileadmin/APMBC-RC2/2RC-ActionPlanFINAL-UNOFFICIAL-11Dec2009.pdf.

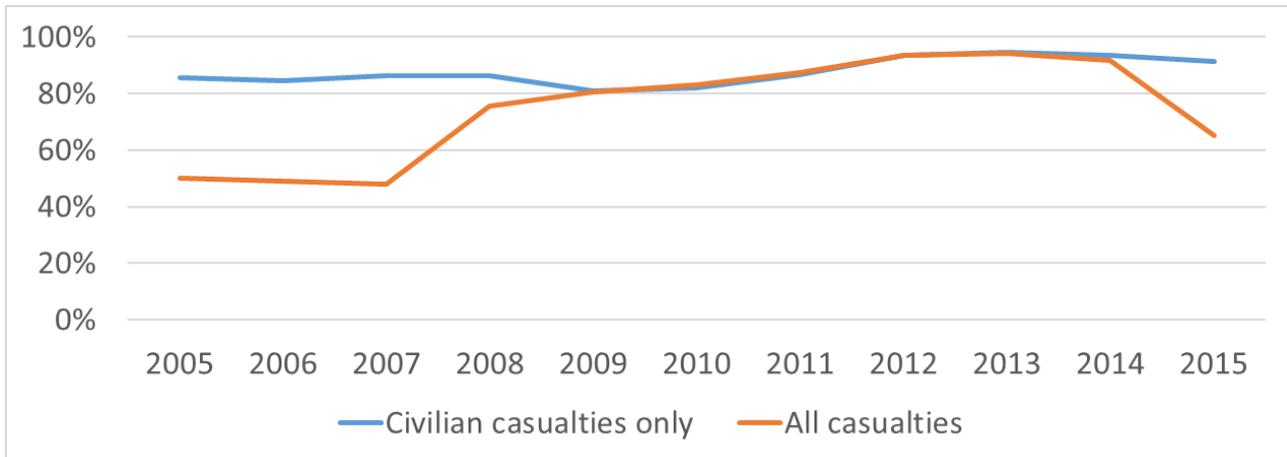
¹⁶ As well as 17 adult casualties in 2015.

¹⁷ As well as 37 adult casualties in 2015.

¹⁸ Interviews with Ahmed Alawi, Executive Officer, YEMAC, Sana’a, Yemen, 29 February 2016, and 15 March 2016, and in Geneva, 19 May 2016; and Republic of Yemen, Statement on Victim Assistance, Mine Ban Treaty Intersessional Meetings, 19 May 2016. This data lacked information on the means of activation and other details to determine if it fits within the Monitor casualty definition and thus has not been included in 2015 casualty total.

¹⁹ “Yemen: UN chief condemns attack on school that killed at least 10 children,” *UN News Centre*, 15 August 2016, childrenandarmedconflict.un.org/yemen-un-chief-condemns-attack-on-school-that-killed-at-least-10-children/.

Percentage of casualties with age recorded (2005–2015)



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 Maputo Action Plan 2014–2019 stresses the principle of age-sensitive assistance including through disability, health, education, employment, development, and poverty-reduction activities, and by referring victims to existing services where possible. 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.

The Convention on the Rights of Persons with Disabilities recognizes that children with disabilities should have full enjoyment of all human rights and fundamental freedoms on an equal basis with other children, and also recalls obligations undertaken by States Parties to the Convention on the Rights of the Child.

Age-sensitive assistance remained among the significant under-reported aspects of victim assistance, particularly with regard to children who are the family members of survivors and persons killed by mines/ERW. Overall, reporting from programs and projects is yet to effectively address assistance and action intended to cover the specific needs of child and adolescent survivors according to their age group, backgrounds, and needs, rather than simply mentioning children as beneficiaries. 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.

Throughout the years, an 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. However, the needs have far overshadowed the progress made to date.²⁰ Following are examples of new developments and ongoing efforts:

National legislation/policies

In **Colombia**, UNICEF supported the integration of child-related issues in regional and national victims' fora.²¹ Child mine/ERW survivors and family members participated in committee meetings of the guidelines for comprehensive assistance to mine/ERW children and adolescent victims project.²² In 2015, the relevant state bodies developed guidelines on psychosocial support for persons with disabilities, including children and adolescents. As of May 2016, the guidelines had not been implemented.²³ An evaluation found that a lack of psychosocial support and vocational training for family members of persons killed by mines/ERW remained major barriers to the fulfillment of their rights.²⁴ In 2015, to develop local strategies to promote guidelines for comprehensive assistance to child and adolescent mine/ERW victims and to initiate pilot tests in 10 municipalities, the mine action authority and the International Organization for Migration held almost 300 coordination meetings and formed 15 guidance and monitoring committees.²⁵

In **Croatia**, legislation titled "Amending the Law on Child Allowances" entered into force in September 2015. The new act allows for children with severe disabilities to be entitled to child allowance from the date of application and for as long as the impairment and disability exists, not only until the age of 27 as was previously the case.

Medical care and physical rehabilitation

In **Burundi**, at least 2,600 children (90%) were among 2,920 persons with disabilities who received free customized assistive devices and other physical rehabilitation services with ICRC support in 2015.²⁶ Handicap International (HI) also worked to improve access to education for children with disabilities, advocate for their specific needs to be included in national education policies, and collaborate with national social services to support access to employment for young persons with disabilities.²⁷

In **Guinea-Bissau**, the Center for Physical Rehabilitation widened geographic coverage and increased the number of women and children served in 2015.²⁸

²⁰ For further details about the following developments, please see the relevant Monitor country profiles available on the Monitor website, www.the-monitor.org/en-gb/our-research/country-profiles.aspx.

²¹ Statement of UNMAS, Mine Ban Treaty Intersessional Standing Committee Meetings, 19 May 2016.

²² Response to Monitor questionnaire by Lucy Johana Salgado Sanchez, Department for Comprehensive Action Against Antipersonnel Mines (Dirección para la Acción Integral contra Minas Antipersonal, DAICMA), 16 June 2016.

²³ Response to Monitor questionnaire by Johana Huertes Reyes, HI Colombia, 31 May 2016; and email, 16 September 2016.

²⁴ Response to Monitor questionnaire by Lucy Johana Salgado Sanchez, DAICMA, 16 June 2016.

²⁵ Ibid. In 2014, Colombia published a Guide for the Comprehensive Assistance for Boys, Girls, and Adolescent Mine Victims. DAICMA, "Colombia presenta en Maputo, Mozambique la Guía para la Asistencia de niños, niñas y adolescentes víctimas de minas antipersona" ("Colombia presents in Maputo, Mozambique the Guide for the Assistance of boys, girls and adolescents victims of antipersonnel mines"), 26 June 2014, bit.ly/ColombiaPres2014.

²⁶ ICRC, "Annual Report 2015," Geneva, May 2016, p. 120.

²⁷ HI, "Burundi programme," undated, www.handicapinternational.be/fr/burundi.

²⁸ Email from Kennedy de Pina Araujo, Center for Physical Rehabilitation (Centro de Reabilitação Motora, CRM), 17 June 2016.

In **Iraq**, HI was improving access to rehabilitation services in northern Iraq for survivors and other injured persons, as well as persons with disabilities and their families, with a particular focus on children with disabilities. A community-based rehabilitation project in Halabja in Iraqi Kurdistan, initiated and supported by HI and coordinated by the Teaching Children Rehabilitation Center, was improved by a multi-stakeholder steering committee created in February 2016. HI also adapted personalized social support and group sessions for youth and children.²⁹

Psychological support

In **Angola**, the Institute of Vulnerable Child Support and the Evangelical Baptist Church worked to develop psychological support as part of a comprehensive package of victim assistance services in Huambo and Uige Provinces.³⁰

In **Yemen**, Save the Children was working with children suffering from psychological trauma, and provided services including psychosocial support to almost 100 mine/ERW survivors in 2015.³¹

Education, accessibility, and awareness-raising

In many countries, child survivors have had 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 schools and other public services essential to social and economic inclusion was an ongoing challenge for child survivors in many countries. 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 **Afghanistan**, a government-run inclusive education program has been operating in the country since 2008, increasing the enrollment of children with disabilities, including mine/ERW survivors. The Inclusive Child Friendly Education-Coordination Working Group, chaired by the Ministry of Education, is a forum where national and international organizations discuss activities, achievements, challenges, and the way ahead. Inclusive education training for teachers, as well as children with disabilities and their parents, continued to increase in 2015.

In **Algeria**, HI worked with children with disabilities to improve conditions, both in specialized institutions and within the mainstream school system, as well as training teachers in inclusive teaching. In 2015, it implemented a pilot project on inclusive education to enhance and broaden the access of children with disabilities to the education system in Setif and Tizi Ouzou.³²

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 is limited in its reach due to a lack of funding. Psychological support for survivors also required further strengthening.³³

In the **Democratic Republic of Congo**, HI worked to improve access to inclusive education for children with disabilities, in partnership with the Ministry for Primary, Secondary, and Professional Education, in particular through the development of a legal framework on inclusive education.³⁴

²⁹ Response to Monitor questionnaire by Fanny Mraz, Head of Mission, Erbil, HI, 24 June 2016.

³⁰ UNMAS, “2015 Portfolio of Mine Action Projects,” www.mineaction.org/resources/portfolios.

³¹ Email from Majda Abdul Majeed, Save the Children International, Aden office, 10 April 2016; and Denisa Delic, “Yemen: The unknown crisis,” 4 December 2015, blogs.savethechildren.org.uk/2015/12/yemen-the-unknown-crisis.

³² HI, “Algeria webpage,” undated, www.handicap-international.us/algeria.

³³ Alliance for Child Protection in Humanitarian Action, “Child Protection in Humanitarian Action Review: Dangers and Injuries,” September 2016, http://cpwg.net/wp-content/uploads/sites/2/2016/09/DI_full_FINAL_4916.pdf; and email from Tedla Gebrehiwet, UNICEF Eritrea, 24 March 2015.

³⁴ HI, “DRC Country Card,” August 2015, p. 2, www.handicap-international.de/sites/de/files/country/files/drc-

In **Senegal**, the National Mine Action Center (CNAMS) continued to deliver educational materials and supplies to child victims of mines/ERW in 2015.³⁵ In collaboration with the survivor network (ASVM) and the CNAMS, the Center for School and Professional Orientation provided educational support and coaching to students, including in their villages of origin.³⁶

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.³⁷

In **Yemen**, despite the escalation of conflict, UNICEF continues to support the government in increasing its unconditional social cash transfer program for mine and ERW survivors. To further reduce child casualties from mines and ERW, UNICEF also sustained its advocacy efforts on the Monitoring and Reporting on Grave Child Rights Violations.³⁸

Other resources

In accordance with the growing recognition of the need for improvements in the area of victim assistance for children, UNICEF launched a detailed and practically-oriented information tool at a side event in February 2016, during the 19th UN Mine Action Programme Directors Meeting.³⁹ The UNICEF publication is titled “Assistance to Victims of Landmines and Explosive Remnants of War: Guidance on Child-focused Victim Assistance.”⁴⁰

Additional resources include:

- A set of recommendations by the Co-Chairs of the Mine Ban Treaty’s Standing Committee on Victim Assistance and Socio-economic Reintegration, entitled “Strengthening the Assistance to Child Victims.”⁴¹
- A publication by Colombia entitled “Guide for the Comprehensive Assistance for Boys, Girls and Adolescent Mine Victims.”⁴²
- Annual fact sheets on the “Impact of Mines/ERW on Children,” by Landmine and Cluster Munition Monitor.
- A collection of thematic overviews, briefing papers, factsheets, and infographics related to victim assistance produced since 1999, as well as the latest key country profiles from the Landmine and Cluster Munition Monitor.⁴³

[handicap_international-2015_0.pdf](#).

³⁵ Response to Monitor questionnaire by Barham Thiam, CNAMS, 14 June 2016.

³⁶ Interview with Yahya Diop, Center for School and Professional Orientation (CAOSPE), 27 May 2016.

³⁷ “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.

³⁸ Statement of UNMAS, Mine Ban Treaty Intersessional Meetings, 19 May 2016.

³⁹ Presentation by Hugues Laurence, at “Victim Assistance: Better Results and Lessons Learned,” Side event, 19 February 2016, www.mineaction.org/sites/default/files/documents/UNICEF_VA_Side_event.pdf.

⁴⁰ Sebastian Kasack, *Assistance to Victims of Landmines and Explosive Remnants of War: Guidance on Child-focused Victim Assistance* (UNICEF, November 2014), www.mineaction.org/resources/guidance-child-focused-victim-assistance-unicef.

⁴¹ 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.

⁴² 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.

⁴³ See, the Monitor, “Victim Assistance Resources,” the-monitor.org/en-gb/our-research/victim-assistance.aspx.