



Save the Children

Watching Our Every Step:
**THE DEADLY LEGACY
OF EXPLOSIVE
ORDNANCE FOR
CHILDREN IN
YEMEN**



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GLOSSARY¹

Abandoned Explosive Ordnance (AXO) – Explosive ordnance that has not been armed and used during an armed conflict, that has been left behind or dumped by a party to an armed conflict, and which is no longer under its control.

Anti-Personnel Mine – A mine designed to be exploded by the presence, proximity or contact of a person and that will incapacitate, injure, or kill one or more persons.²

Anti-Vehicle Mine – A mine designed to be detonated by the presence, proximity or contact of a vehicle as opposed to a person.³

Clearance – Tasks or actions to ensure the removal and/or the destruction of all explosive ordnance from a specified area to a specified depth.

Contaminated area – An area known or suspected to contain explosive ordnance.

Explosive Ordnance (EO) – Encompasses the following munitions: mines, cluster munitions, unexploded ordnance, abandoned ordnance, booby traps, improvised explosive devices, and other devices.

Explosive Ordnance Risk Education (EORE) – Refers to activities which seek to reduce the risk of injury from explosive ordnance by raising awareness of women, girls, boys, and men in accordance with their vulnerabilities, roles and needs, and promoting behaviour change. Activities include public information dissemination, education, and training.⁴

Survivor – An adult or child who has suffered harm because of explosive ordnance.

Unexploded Ordnance (UXO) – Explosive ordnance that has been primed, fuzed, armed, used, or otherwise prepared for use. It may have been fired, dropped, launched, or projected yet remains unexploded either through malfunction or design or for any other reason.

Victim – Persons either individually or collectively who have suffered physical, emotional, and psychological injury, economic loss, or substantial impairment of their fundamental rights through acts or omissions related to the use or presence of explosive ordnance, including landmines. Victims include directly impacted individuals, their families, and communities.

Victim Assistance – Refers to all aid, relief, comfort, and support provided to victims (including survivors) with the purpose of reducing the immediate and long-term medical and psychological implications of their trauma.



CHILDREN'S FOREWORD

A MESSAGE FROM MAHA*

Maha* and her sister Maya* were injured by a landmine while collecting firewood for cooking in October 2022. Maha lost her left eye and had her right hand amputated, while Maya was also severely injured. This is her message:

"I am a ten-year-old girl from Yemen, and when I grow up, I want to be a doctor so that I can help people. My sister and I go to school and come back home together. We spend most of our time together, studying and playing. I am happiest when I think of the village where we come from. It's a beautiful place with lovely roads, trees, and pumpkins. I remember when I used to walk to the field and see my father; it felt like home. My grandpa used to tell me, 'You're my love,' and I miss him the most.

Sometimes, I think back to a time when my arm was still there, and neither my sister nor I were hurt. It's a happy memory, and it helps me forget that my arm is amputated. But then there are the not-so-happy memories, like the incident. I can still remember it vividly. When I was still in the hospital, I thought I was at school and tried to reach out to my bag to zip it up. That was when I realized that my hand was amputated.

If I were to draw about war, I would draw people with amputated hands and legs, injured eyes, arms, and legs, and people walking with crutches. I would use the colours red and green, with red representing the blood spilled in war.

If only I had a superpower that could disarm all shotguns and weapons and throw them far, far away. If only I could remove all the landmines buried underground that harm people. I'd go everywhere and anywhere to remove the landmines and create safe spaces for children.

My hope is that no one must experience what I went through, and if I could send a letter to the most powerful person in the world, I would tell them to 'stop the war, so people don't suffer harm and injury.'"

Maha



METHODOLOGY

Save the Children's analysis shows trends in child casualties from explosive ordnance during the period January 2018 to November 2022, including before, during, and after the truce from April to October 2022. The findings rely on original analysis of data collected by the Civilian Impact Monitoring Project (CIMP),⁵ interviews with nine humanitarian mine action experts, and surveys conducted with 13 children from Taiz in January 2023. This included nine girls and four boys, aged between seven and 17, who had directly experienced explosive ordnance incidents. Interviews were conducted by local social workers trained in psychosocial support to ensure the safety and wellbeing of the child.⁶



INTRODUCTION

Eight years of war, together with decades of historical conflict in Yemen, have left a deadly legacy of explosive ordnance (EO), including landmines, across the country – threatening children's lives, their childhoods, and their futures. For many, the effects of blasts are immediate, long-term and life-limiting. Over 11,000 Yemeni children have been killed or maimed since the beginning of the conflict.⁷ Others have lost friends, parents, and caregivers, or had their education interrupted, with devastating consequences for their health, learning, and physical and mental wellbeing.

This research brief highlights the impacts of EO, including landmines, for children, their unique vulnerabilities, and what must be done to better protect them from harm. We also emphasise the voices of child victims themselves who have experienced their effects. It provides recommendations for the United Nations (UN), donors, the humanitarian community, researchers, civil society organisations, and national authorities to better address the needs of children in Yemen and support recovery efforts.

Yemen is contaminated with EO from armed conflicts in 1962–1969 and 1970–1983 and successive conflicts that have erupted since 1994. These and the most recent war which began in March 2015 have increased the extent of the threat for children. This includes mass produced improvised landmines, such as devices initiated by a pressure plate, remotely activated improvised devices, and a smaller proportion of conventionally manufactured mines. The country has reported massive levels of antipersonnel landmine contamination, defined as covering more than 100km².⁸ Credible estimates of the exact scale of contamination are unavailable due to a lack of capacity, funding, equipment, and access for survey teams.⁹ In addition to landmines, airstrikes have littered the country with unexploded ordnance (UXO) that kill and maim children long after hostilities have ended.



KEY FINDINGS

Save the Children's analysis reveals an alarming rise in child casualties caused by EO in Yemen, including landmines and UXO, between January 2018 and November 2022 and the devastating short and long-term impacts.¹⁰

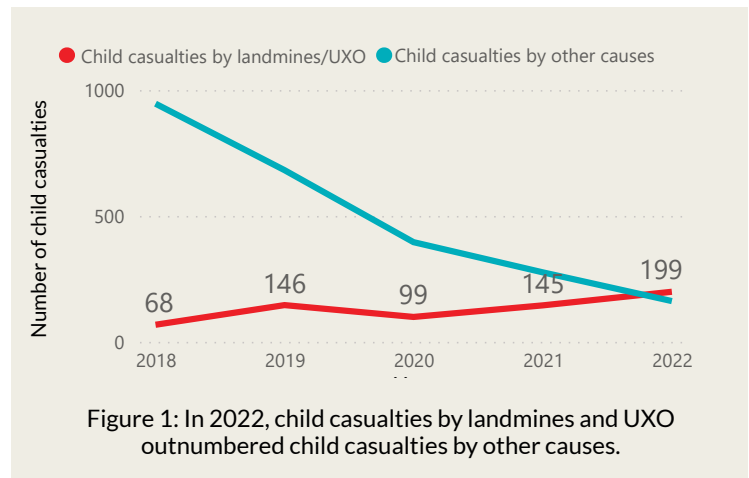
- **Landmine and UXO child casualties have increased from 1 every 5 days in 2018 to 1 every 2 days in 2022.** Meanwhile, overall direct child casualties from armed violence decreased.¹¹
- **Children are disproportionately affected compared to adults.** Landmines and UXO account for around 1 in 10 overall casualties, but 1 in 5 of overall child casualties.¹² 1 in 3 children involved in EO incidents die.
- **More than half of all child casualties in 2022 were due to landmines and UXO.**¹³
- **More than half of all landmines and UXO child casualties took place in just three governorates:** Hodeidah, Taiz and Sa'ada.
- **The proportion of child injuries and deaths from landmines and UXO increased during the truce.** Landmines and UXO constituted two-thirds of all child casualties from April–October 2022.¹⁴
- **EO has devastating psychosocial impacts:** Child victims have trouble sleeping, and experience daily fear and anxiety.



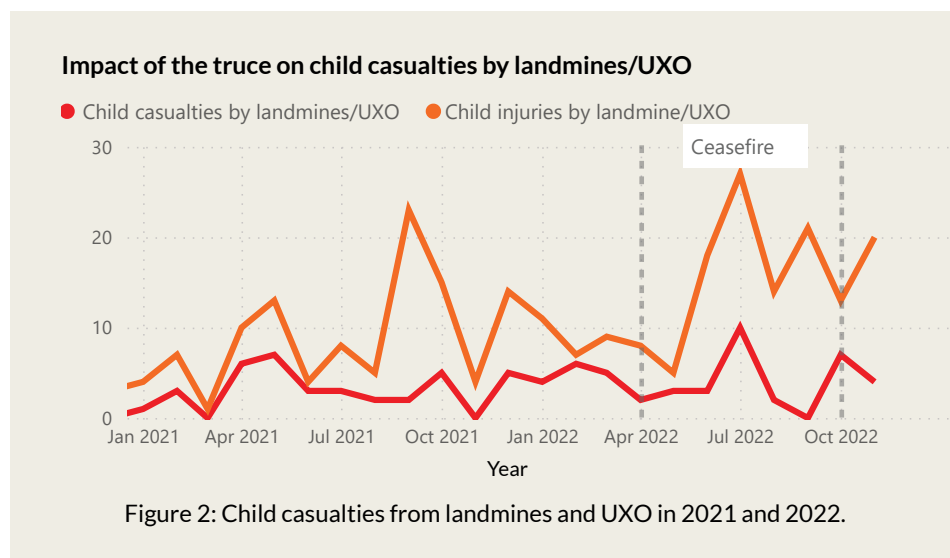
HOW MANY CHILDREN ARE IMPACTED BY EXPLOSIVE ORDNANCE?

Landmines and UXO were responsible for at least **657 incidents of killing and maiming of children** – accounting for **1 in 5 child casualties during the reporting period**.¹⁵ The remaining child casualties were due to other direct and indirect causes such as crossfire, mortar and artillery shelling, and airstrikes. These incidents of killing and maiming are one of the ‘six grave violations’ against children and armed conflict that the UN monitors and reports on an ongoing basis.¹⁶

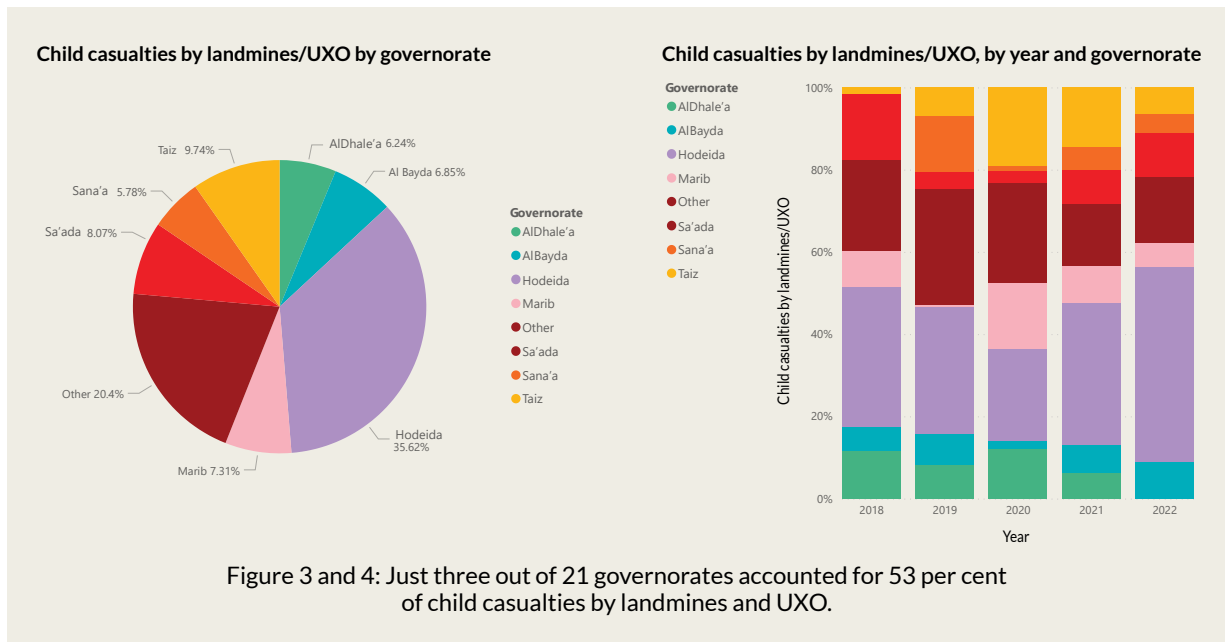
The number and proportion of child casualties caused by landmines and UXO increased, even while child casualties decreased overall. Landmine and UXO child casualties accounted for seven per cent of overall child casualties in 2018 increasing to more than half in 2022.¹⁷



Internally displaced persons (IDPs) returning to areas where hostilities have de-escalated following the truce are at increased risk of encountering EO on land perceived to be safe. According to the 2023 Humanitarian Needs Overview, there was a 77 per cent increase in returns during the truce period compared to the previous six months. During this period, there were 113 landmine and UXO child casualties, which accounted for two-thirds of all child casualties during the truce.¹⁸



This has been particularly pronounced in the strategic port city of Hodeidah following the withdrawal of the Internationally Recognised Government (IRG) forces in 2021. More than 1 in 3 incidents took place in Hodeidah.



WHERE ARE CHILDREN IMPACTED BY EXPLOSIVE ORDNANCE?

Children are exposed to EO while playing, collecting firewood and water, and tending to livestock amongst other activities. They have been killed and maimed by landmines and UXO which exploded in or near schools. In one instance, on 3 April 2019, at least two children were killed, and 15 others injured when an EO detonated inside a school in Sana'a, resulting in one of the highest rates of child casualties in a single incident. A child reportedly found the bomb and brought it to the school to show friends, unaware of its danger.¹⁹

There have also been several instances of children being injured or killed on roads while travelling with adults in cars and on motorbikes. Anti-vehicle mines have been used indiscriminately in Yemen in violation of International Humanitarian Law (IHL), leaving land inaccessible and posing a continued danger to children. On 13 September 2021, 15 children (nine girls and six boys) were injured when a mine exploded while they were travelling in a car in Hodeidah, returning to their homes from a wedding ceremony.

Most landmines and UXO incidents involving children result in one or two casualties. While half of all landmines and UXO incidents involving children resulted in one child casualty, 30 per cent resulted in two, and 20 per cent resulted in three or more. This is a commonly seen trend, with children who tend to be in groups.

IDPs are particularly vulnerable. An estimated 80 per cent of Yemen's 4.5 million IDPs are women and children. They are a particularly high-risk group, especially those with limited access to explosive ordnance risk education (EORE).²⁰ Out of 194 child victims of EO supported by Save the Children between 2020 and 2022, nearly 1 in 4 were IDPs.²¹ With the onset of the rainy seasons, the flood risk in Yemen is likely to exacerbate the threat, particularly for IDPs. Flooding, as well as sandstorms, can cause devices to drift and shift, moving through saturated ground or carried in mudslides.²² Across Yemen, 428 IDP sites have been identified as facing high risk of flooding across nearly all governorates.²³ These sites are estimated to host more than 68,000 households.²⁴ More than half of landmine and UXO casualties recorded by CIMP since the start of 2018 have been in districts that host IDP sites assessed to be at high risk of flooding.²⁵

Gender norms in Yemen impact the ways in which girls and boys experience risks from EO. However, there is a lack of gender-disaggregated data. Girls are usually responsible for fetching water, and now, must often spend entire days traveling to do so as water has become scarcer and water sources are becoming increasingly inaccessible or unfunctional due to conflict, the climate crisis, and environmental degradation. During these journeys, they are further at risk of stepping on EO.²⁶ Boys in rural areas may also be injured while collecting scrap metal to sell at markets including metal markers for mine areas, as well deliberately collecting EO, which can be sold to be recovered for uses including quarrying, well digging, and fishing. Humanitarian actors and authorities should strengthen the collection of child casualty data, including disaggregation by gender, age, and disability, to support a child-focussed mine action response.

HOW ARE CHILDREN DISPROPORTIONATELY IMPACTED?

Children are disproportionately impacted by EO compared to adults. Landmines and UXO accounted for approximately 1 in 10 overall casualties, but 1 in 5 of overall child casualties.²⁷ Meanwhile, children account for 1 in 5 casualties from armed violence but almost 2 in 5 landmine and UXO casualties.²⁸

Yemen has no nationwide casualty surveillance systems or data collection on child victims of EO.²⁹ The lack of available records limits the ability of humanitarian actors to target assistance for affected children and their families. However, Save the Children's child protection case management system and surveys conducted with children indicate the physical, psychological, and socio-economic impacts for children and their urgent need for support. Research on care for child victims of blast injuries in armed conflicts beyond Yemen has also highlighted their devastating effects in the short- and longer- term.

Injuries resulting from EO often exacerbate existing protection risks. More than half of the child survivors of EO, including landmines, supported by Save the Children experienced two or more protection risks. This included displacement, being out-of-school, psychological distress, exploitation and abuse, child labour, hearing or visual disabilities, malnutrition, or were unaccompanied minors.





Responding to Paediatric Blast Injury

Dr. Malek is the Head of the Orthopedic Department at a hospital in Taiz and has extensive experience responding to cases of children injured by landmines.

"Making the tough choice to amputate a child's limb at such a young age is particularly challenging. The child's unwillingness to accept their new circumstances, such as being an amputee and unable to return to their previous state, can make the recovery process very challenging and have a devastating impact on their overall well-being."

"As healthcare professionals working in Yemen, we have to continuously deal with these challenges, while always striving to provide the best possible care to our patients. However, challenges extend beyond the nature of the job. We often lack the required equipment and expertise, which leaves us in difficult situations."

"Treating landmine-injured children poses several challenges. Above all, there is the difficult decision to amputate the child's limb, which can be emotionally challenging for everyone involved, especially the child's parents. For children injured by landmines, the shock of waking up without a limb can be traumatic, and they require extensive psychological support."

"We urge the implementation of programs that provide emotional and moral support for children and their families, as well as rehabilitation and employment opportunities, to help them establish a home and lead fulfilling lives like everyone else."



PHYSICAL IMPACTS

Child survivors of EO incidents, including landmines, consulted for this report described the devastating lifechanging physical impacts of their injuries. Given the difference in children's bones and tissue, injuries early in life can affect later growth and impact limb length, range of motion and deformity.³⁰ EO were responsible for at least 454 incidents of child maiming and 203 fatalities over the past five years.³¹

In cases treated by Save the Children, common injuries included amputation of upper or lower limbs, as well as loss of sight and hearing. In some cases, incidents led to permanent disability due to shrapnel and injuries to the spine. Research from other conflict contexts shows that for adults, the majority of EO injuries, including from landmines, are to limbs, whereas for children under seven, limb injuries account for 20 per cent of the known total.³² Head injuries tend to be more prevalent in infants for whom surface area and proportion of body weight is skewed towards the head.³³ Children's predisposition to handle and play with explosives also leads to a higher rate of injuries to the head, face, and eyes.³⁴ The complex ways in which children are injured can also lead to increased mortality rates compared to adults.³⁵ According to our latest analysis, almost half of all landmines and UXO incidents in Yemen involving children were deadly, causing at least one fatality.³⁶

Eye and ear injuries, which are common following blasts, have particularly long-term effects. Damage to the eye in infancy not

*"I can no longer write because my right hand has been amputated. When I'm at school, some of the students at school laugh at me."
(Girl, 8-years-old)*



only leads to visual impairment later in life, but also prevents the eyes from developing and can lead to visual defects beyond even those related to the original injury.³⁷

Many children we spoke to describe the continuous physical pain they felt following the incident, including around the sites of injuries, as well as tiredness and discomfort whilst eating or lying down. Of the four children interviewed who had undergone amputation following their injury, only one had received a prosthetic limb, while another had been provided with a wheelchair.

69 per cent of children we spoke to said they needed further medical assistance, including prosthesis, follow-up operations, and support because of complications from their injuries. Children often require a higher average of lifetime procedures and prosthetic modifications due to continued bone growth and complications in comparison to adults. The health system in Yemen is on the verge of collapse, and there are few qualified rehabilitation specialists.³⁸ As a result, children do not have access to the long-term care needed to recover their mobility, return to school, and reintegrate into community life.

“My leg was amputated. The pain continues and is affected by eating, and I cannot move it.”
(Girl, 17-years-old)



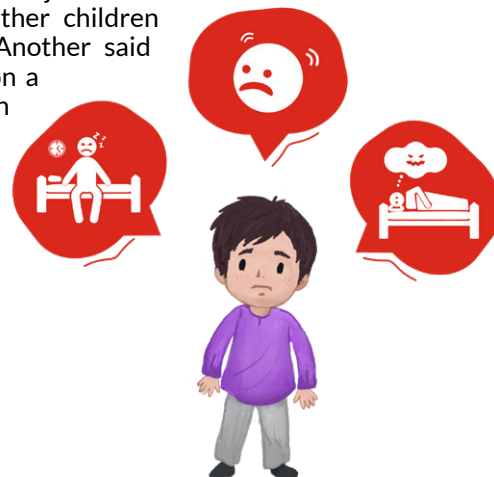
PSYCHOLOGICAL IMPACTS

Child victims may experience psychological trauma in addition to physical injury. Many children we spoke to describe the daily fear and anxiety they felt following the incident. Every child told us they had difficulty sleeping, with some experiencing nightmares, but that their sleep and mood had improved since receiving psychosocial support.

Landmines have been found to be strongly associated with anxiety disorder, as the trust between a child and their everyday surroundings is broken. Research following the Iraq-Iran War found evidence of psychiatric problems amongst almost half of child landmine survivors.³⁹ Limb amputation and other physical injuries prevent children from doing everyday tasks, and may be accompanied by shame, loss of dignity, and a drop in self-esteem. Schools and local communities may intentionally or unintentionally contribute to this, by isolating children with disabilities or discriminating against them.⁴⁰

Children may be psychologically impacted even if they do not experience a blast first-hand. Most children we spoke to said they knew someone else who had been maimed by EO. Children described their friends being killed and injured, and neighbours having their legs amputated and becoming disabled. One 13-year-old girl told us her sister was injured in the same incident as her, and that she knew four other children who had been injured, one of whom had died. Another said their neighbour was now disabled after stepping on a landmine while he was going to pray. Our findings on the mental health impacts are in line with Save the Children's research from Iraq, which found 90 per cent of children interviewed suffered nightmares and toxic stress after losing loved ones, some due to landmines.⁴¹

“Before the operation I could not sleep because of the pain, and I used to stay up until dawn most days and have nightmares. The psychological support helped me to restore the hope to live again”
(Girl, 17-years-old)



Supporting Children's Psychosocial Recovery

Jihad, a 28-year-old Psychosocial support specialist



Jihad is a psychosocial support specialist, and a landmine survivor himself, who works with the Child Protection team at Save the Children in Taiz, Yemen. He helps children who have been injured by landmines recover from the emotional and psychological impacts.

"Children who have been injured by landmines usually experience feelings of helplessness, social rejection, and a sense of not being able to participate in school or other activities. As someone who lost his leg in a landmine incident and now walks using a prosthetic limb, I feel a strong connection to the children I work with. I am a living example of their future and can share my own experience of overcoming my injury and the obstacles that resulted from it."

"It's common for children not to express their emotions, and some may even avoid interacting with their family and other children. Therefore, we provide them with educational tools and enroll them in our psychosocial support program to encourage them to express their feelings so that they can better integrate into a normal life with their peers."



SOCIAL IMPACTS

Almost all children said their injury had impacted their social life. One child told us "I can no longer play comfortably and get along with children, all games are made for children who have two legs, and this makes me sad." (Girl, 7-years-old) Another told us, "My social life was affected as I don't meet with my friends anymore and I tend to stay alone most of the time." (Boy, 15-years-old)

Other children mentioned how disability following their injury meant they were unable to leave the house, leaving them isolated from their community.

Children may also become isolated from friends due to social stigma around disability. One 15-year-old girl told us she no longer wanted to go out following her facial injury, while another 9-year-old girl who had experienced injuries to her eyes and fingers said that children no longer walked with her.

Mental health and psychosocial support is a core pillar of victim assistance within the framework of the Anti-Personnel Mine Ban Convention and should be mainstreamed within the humanitarian response to support child victims in their recovery from the psychological effects of EO, including landmines.⁴²

"There is an impact on social life, as I have become an introvert. I cannot leave the house, in addition to the fact that we live on the fifth floor so I cannot use the stairs."

(Girl, 11-years-old)





EDUCATION

The presence of EO in and around schools disrupts children's access to safe, quality education and may force them to drop-out of school in the long-term. Many schools have become inaccessible after being heavily mined – or destroyed by landmine explosions. School children, teachers, and education staff have been killed and maimed at or on their way to school, while many have been left in constant fear of attending. The De Facto Authorities (DFA) signed a UN Action Plan in April 2022 to end and prevent attacks on schools, and other grave violations of children's rights.⁴³ The IRG also endorsed the Safe Schools Declaration in 2017, committing to protect education from attack and limit the use of schools for military purposes. However, little progress has been made to implement these commitments.

A school in Yemen that was mined during the conflict. The hole is one of the many locations in the school where mines were removed.

Landmines In and Around Schools

Essam* and Lina* are two 12-year-old students in a school that has been severely impacted by the war. Landmines are a constant danger both within the school and on the route to it. The war has destroyed parts of their school leaving only six classrooms in the damaged building for the students to use.

Lina told us: "When you step inside this school, you immediately notice the difficult conditions that the students face, and the situation is further complicated by the presence of landmines. It's been a long time since they came and planted the landmines, and unfortunately, some people have walked down the road and stepped on them, may Allah bless their souls."



Essam told us: "When we returned to school, the atmosphere was ominous as there were landmines both within the school and on the route to it. Even donkeys that walked along the route were blown up by the landmines. The danger was so great that even a dog that entered the classroom was blown up by a landmine. The walls were painted with warning messages of 'Danger! Landmines'. It was no wonder that we felt afraid and unsafe."

Despite these challenges, both Essam and Lina are determined to succeed and aspire to become dentists.

CASE STUDY





Five children we spoke to had dropped out of school due to complications from their injuries or being unable to walk following an amputation. Child survivors of EO, including landmines, may be forced to subsequently drop out of school, due to the period of recovery needed and the financial burden of rehabilitation on families.

While other children had remained in school, their injury had impacted their ability to learn.

One 13-year-old boy, who was hit with shrapnel in the body and face, described being unable to understand the teacher at school. Others also mentioned that the ongoing complications from their injury sometimes stopped them going to school, and meant they needed additional help with writing and revising. One girl reported being bullied at school following the amputation of her hand. None of the children we spoke to who are currently enrolled said they received any formal support at school.

Insufficient awareness of disabilities and the long-term effects of injuries among teachers and fellow pupils can lead to discrimination, isolation, and school drop-out. Being out of school may also increase the risk that children engage in livelihood activities, such as tending livestock and fetching firewood – in turn increasing their risk of exposure to EO, including landmines. National education plans and policies should include activities that promote the inclusion of and accommodations for child survivors and support safe, quality education.

“My left eye was affected and two of my fingers were cut off. I can no longer study because my eye hurts, and even the other eye was affected. I remember before my injury, I was getting an excellent grade, and my ranking was one of the first.”

(Girl, 9-years-old)

Explosive Ordnance Risk Education

EORE is one of the most critical ways to raise awareness among children of the risks of explosive ordnance, including landmines, and teach safe behaviour. EORE activities may include public information dissemination, education, and training. Messages may be shared through a mix of in-person communication, formal school curriculum, TV, SMS, and radio, written materials, or social media.⁴⁴

Half of the children we interviewed had some awareness or knowledge of landmines, the dangers they posed, and how they were activated. However, the other half indicated they had no knowledge of landmines except for some limited information from television. Only a quarter of the children said they received EORE at school and described being taught to avoid picking up suspicious foreign objects and the risks. One child mentioned their parents had taught them about the risks of landmines. While signatories to the Anti-Personnel Mine Ban Convention, such as Yemen, are obliged to support mine awareness, activities continue to be hampered by restrictions from authorities.



Lina, 12, walks around the grounds of her semi-destroyed school that is contaminated with landmines in Taiz, Yemen*

LIVELIHOODS AND ACCESS TO AID

Families living in contaminated rural areas may be unable to feed themselves or maintain their income as farms are left inaccessible. Landmines placed in wells cut off communities from safe, clean drinking water. Children have been killed and injured by EO, including landmines, detonating in farmlands, or grazing lands. Families that depend on grazing and farming may lose their livelihood when the primary breadwinner is killed or injured. This may drive children further into poverty and force families to adopt negative coping mechanisms such as child labour and early marriage. Several children we interviewed mentioned they receive some form of financial support such as cash assistance. Children also said they needed livelihoods support, including financial assistance for family members.



Alongside the daily critical risk to life, contamination is a significant barrier to return for those internally displaced by the armed conflict. A lack of livelihoods limits the ability of IDPs to access durable solutions, build resilience, and escape poverty. Widespread contamination also restricts humanitarian actors' ability to access vulnerable children and families, and prevents those in need from accessing essential services, including schools and healthcare. Mine action must be built into longer-term policies and funding plans, such as those around durable solutions, to ensure that clearance work continues beyond the emergency response and supports long-term recovery and rehabilitation.

Save the Children's Protection Response

Save the Children Yemen implements integrated, multi-sectoral child protection programming in nine of the 21 governorates across Yemen. This includes providing lifesaving medical care and assistive devices, as well as child protection case-management services for child victims of EO, including landmines. Case management services include family tracing and reunification for unaccompanied and separated children, mental health, and psychosocial support, and responding to risks of gender-based violence. This also includes cash assistance, education, and vocational training to support the longer-term socio-economic inclusion of child victims and their families.

Humanitarian Mine Action in Yemen

Mine action in Yemen is entirely dependent on international donor funding. Conflict between the DFA and IRG has divided the Yemen Executive Mine Action Centre (YEMAC), undermining its national role in mine action management. YEMAC South opened a coordination centre in 2020 to develop partnerships with international organisations as part of UN-supported moves to strengthen humanitarian mine action. YEMAC North reached an agreement with the DFA to set up a similar coordination body in the North but, as of August 2022, no follow-up action had been reported.⁴⁵

Limited funding and capacity mean that the country is far from meeting its obligations to complete surveying and clearance of anti-personnel mines under the International Anti-Personnel Mine Ban convention, ratified by Yemen in 1998. National authorities recently submitted a deadline extension request to 2028, their fourth such request. As a signatory, Yemen is also obliged to aid mine victims, support risk education, and submit annual reports on implementation activities.



Maha, 10, & Maya*, 16, walk home from school after being severely injured by a landmine while collecting firewood a few months before in Taiz, Yemen*

While there is some provision of community-based risk education outside the formal curriculum, it is not of sufficient coverage or quality. The provision of victim assistance for children, including medical care and rehabilitation, socio-economic, and psychosocial inclusion is also severely limited.⁴⁶

Despite growing calls from senior UN humanitarian leadership and authorities in both IRG- and DFA-controlled areas to scale up the humanitarian mine action response, bureaucratic impediments continue to block critical humanitarian demining and EO removal equipment from entering Yemen. Delays in signing sub-agreements and registration restrictions also severely impact the ability of humanitarian actors to support mine action, despite significant needs. Furthermore, Yemen's existing National Mine Action Standards are based on the International Mine Action Standards (IMAS) drawn up in 2007, pre-dating most of the new contamination. These standards are now obsolete, putting employees and communities at risk, and impacting the quality of the response.⁴⁷

RECOMMENDATIONS



HOW CAN WE BETTER PROTECT CHILDREN?

Despite the immense challenges children face, they remain hopeful for the future. Many told us about their dreams to recover from their injuries, finish school, and become teachers or doctors to help other children affected by mines. Universally, children told us they just want peace, and to live and play in safety without fear of mines.

To better protect children in Yemen, Save the Children urges donors, parties to the conflict, and the humanitarian community to take the steps detailed below. Actions must be taken in accordance with the most urgent needs set out in the 2023 Humanitarian Response Plan. This includes the release of contaminated land, through comprehensive mapping, survey, and clearance activities, EORE, and the provision of support to survivors – including child victims.

FOR THE DE-FACTO AUTHORITIES AND INTERNATIONALLY RECOGNISED GOVERNMENT:

Protect children from harm:

- Comply with IHL under all circumstances, including when conducting military operations to protect children and minimise harm to civilians.
- Avoid the use of explosive weapons in populated areas and take immediate, practical, measures to reduce their impact on civilians and civilian infrastructure in line with the Declaration on the Use of Explosive Weapons in Populated Areas. This must include ensuring landmines are not planted in or around civilian areas, especially schools.
- Immediately stop the use of mines and meet all the obligations of the Anti-Personnel

Mine Ban Convention, including to cease the production of mines, clear mined areas, and support the care, rehabilitation, and reintegration of child victims.

- Fully implement the activities of the UN Action Plans to immediately end and prevent grave violations against children.
- Scale up coverage of safe, quality, gender-responsive and age-sensitive EORE including through radio, television, SMS, and print materials to reduce the risk of injury for children.
- Scale up the provision of safe, quality child-focused victim assistance that is age-, gender-, and disability-inclusive including medical care, long-term rehabilitation, health, socio-economic and education inclusion, and mental health and psychosocial support through a multisectoral rights-based approach. Humanitarian mine action actors should identify and refer child victims to the appropriate authorities and agencies to meet their multifaceted, intersecting, and complex needs.
- Improve the collection of age-, gender-, and disability-disaggregated child casualty data to inform targeting and prioritisation of land clearance, risk education and child-focused victim assistance, in partnership with relevant clusters and humanitarian mine action actors.

Support humanitarian mine action:

- Ensure a clear, written process for importing mine action equipment into IRG- and DFA- controlled areas is agreed and adhered to by all parties. The process should be streamlined, reducing the number of signatories required for approval or accreditation of operators. Provide guaranteed access for humanitarian mine action activities, including expediting visas for international/technical staff and registration for humanitarian mine action actors.
- Ensure that any scale-up of the humanitarian mine action response happens across Yemen and that prioritisation of clearance is carried

out in line with humanitarian principles. Ensure the quality of the humanitarian mine action response through the adoption of National Mine Action Standards, in line with IMAS. National Mine Action Standards should be adhered to by all actors delivering mine action activities in Yemen.

For donors

Scale up funding:

- Fully fund the 2023 Humanitarian Response Plan of US\$4.3 billion, including \$225.7 million for the protection plan, to provide EORE to children, support child victims, and ensure they can access the multi-sectoral, long-term care needed to support their recovery and inclusion.
- Scale up long-term funding for humanitarian mine action, including through funding mechanisms such as the Central Emergency Response Fund (CERF).

Uphold international norms and standards and hold perpetrators to account:

- Ensure that those responsible for causing harm to children are held accountable and that victims are provided appropriate redress, by re-establishing an international, independent, and impartial accountability mechanism to collect, consolidate, preserve, and analyse evidence of abuses and violations of international humanitarian law and international human rights law.
- Increase funding and diplomatic support for existing IHL and International Human Rights Law monitoring mechanisms, particularly the UN Monitoring and Reporting Mechanism, to strengthen capacity to assess and verify grave violations against children. Ensure, including through funding, the deployment of child protection specialists in any new and existing mechanisms.
- Ensure that the risks of serious violations against children are central to assessments under article 7 of the Arms Trade Treaty. Countries must deny or suspend the export, supply and transfer of arms, weapons, and other military assets to parties to conflict.

Support child-centred recovery:

- Create a sustainable approach to humanitarian mine action, by ensuring that it is integrated as a core component of durable solutions strategies and policies in international and government-level responses as well as in donor plans and policies.
- Support the creation of a 'Global Paediatric Trauma Register' to better track trends in harm to children. This should be centrally held, secured, and managed, but broadly accessible. It should be the primary resource for all agencies treating children and bring together data collected by national responders, international agencies, non-governmental organisations, and military medical services.
- Commit to, and resource, child-centred recovery from conflict, including through the establishment of a centre for paediatric reconstruction surgery in Yemen. Support distribution of the Paediatric Blast Injury Field Manual, as well as associated training products and operationally driven research to better protect children in Yemen in partnership with relevant clusters and authorities.

To humanitarian leadership and mine action actors:

- Advocate for the active participation of child survivors and other children with disabilities in the victim assistance services they undertake.
- Strengthen the collection, analysis, and use of gender-, age- and disability- disaggregated child casualty data and share information, including on mine locations, to inform targeting and prioritisation of land clearance, risk education and child-focussed victim assistance.
- Use and strengthen referral mechanisms to connect child victims of EO to the appropriate victim assistance services so children can access the multi-sectoral, long-term care needed to support their recovery and reintegration.
- Ensure that any scale-up of the humanitarian mine action response happens across Yemen, in both IRG and DFA-controlled areas, including governorates where children have been heavily affected, and is guided by IMAS.

ENDNOTES

1. Definitions are in line with IMAS terms and definitions unless otherwise referenced. Available here: https://www.mineactionstandards.org/fileadmin/user_upload/IMAS_04.10_Ed.2_Am.11_02.pdf
2. Anti-Personnel Mine Ban Convention. Available here: https://www.un.org/en/genocideprevention/documents/atrocity-crimes/Doc.44_convention%20antipersonnel%20mines.pdf
3. Ibid.
4. Explosive Ordnance Risk Education, IMAS 12.0 (2020). Available here: https://www.mineactionstandards.org/en/standards/document-detail/?tx_imas_document%5Bdocument%5D=302&tx_imas_document%5Baction%5D=show&tx_imas_document%5Bcontroller%5D=Document&cHash=fa4e3f1d3d92f2a4f42ee095c359cee2
5. CIMP is a service under the Protection Cluster organized by the United Nations Office for the Coordination of Humanitarian Affairs in Yemen. It provides a monitoring mechanism for real-time collection, analysis, and dissemination of open-source data on the civilian impact from armed violence, to inform and complement protection programming. CIMP is not responsible for the analysis of their data carried out by Save the Children. The CIMP closed in November 2022 and reopened in February 2023. CIMP data has been used in lieu of available reliable data due to the ongoing crisis to help inform decision-making. There remain evidence gaps in age, gender, and exact location of incidents as data is only available for a subset of casualties. Data on the severity of injuries is unavailable but complemented with insights from Save the Children's programmes.
6. This research provides insight into a small subset of the child population. While there are commonalities in needs of children across Yemen, there are also likely to be differences. The incidents they mention have not been independently verified, however CIMP data supports the information children reported.
7. UNICEF, Press Release: More than 11,000 children killed or injured in Yemen (2022). Available here: <https://www.unicef.org/press-releases/more-11000-children-killed-or-injured-yemen>
8. International Campaign to Ban Landmines, Landmine Monitor (2022). Available here: http://the-monitor.org/media/3352351/2022_Landmine_Monitor_web.pdf Massive contamination is defined by the International Campaign to Ban Landmines as covering an area more than 100km²
9. Mine Action Review, Clearing the Mines (2022). Available here: https://www.mineactionreview.org/assets/downloads/Yemen_Clearing_the_Mines_2022.pdf
10. Time period covered: January 2018 to November 2022. Whenever 2022 is mentioned, it is implied that December 2022 is not included, making it the only 11-month year.
11. Overall direct child casualties from armed violence have decreased from almost three per day in 2018 to one per day in 2022.
12. Children account for 21 per cent (3,119) of conflict casualties, but 37 per cent (657) of landmine/UXO casualties. Landmine/UXO account for 12 per cent (1,796) of overall casualties, but 21 per cent (657) of overall child casualties
13. 55 per cent of child casualties (199) in 2022 were due to landmines/UXO.
14. Save the Children, Press Release: Disappointment and Concerns for a Renewal of Violence (2022). Available at: <https://yemen.savethechildren.net/news/disappointment-and-concerns-renewal-violence-yemens-truce-fails-be-extended>
15. Landmines/UXO account for 21 per cent of child casualties (657) between 2018 and 2022. This includes 454 (69 per cent) child injuries and 203 (31 per cent) child fatalities.
16. Office of the Special Representative of the Secretary-General for Children and Armed Conflict, Yemen Profile. Available here: <https://childrenandarmedconflict.un.org/where-we-work/yemen/>
17. This is due to a steady decrease in overall child casualties, from 1,014 in 2018 to 361 in 2022, and an increase in landmine/UXO child casualties, from 68 in 2018 to 199 in 2022.
18. Save the Children, Press Release: Disappointment and Concerns for a Renewal of Violence (2022)
19. The Defense Post: Yemen Children Killed and Injured after Pupil brings Unexploded Ordnance to School (2019). Available here: <https://www.thedefensepost.com/2019/04/05/yemen-children-killed-unexploded-ordnance-sanaa/>
20. CIMP Thematic Report: A Review of How Flooding Can Exacerbate Civilian Vulnerabilities to the ERW Threat in Yemen (2022). Available here: https://www.civilianimpactmonitoring.org/onewebmedia/20220826_CIMP%20Thematic%2008_Flooding%20and%20ERW.pdf

21. Of 194 child survivors of EO incidents, including landmines, supported by Save the Children between 2020-2022, 22 per cent (42) were IDPs.
22. OCHA, Yemen Humanitarian Update – Issue 10/October 2022. Available here: <https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-10-october-2022-enar>
23. CIMP Thematic Report: A review of how flooding can exacerbate civilian vulnerabilities to the ERW threat in Yemen (2022) Across Yemen, 428 IDP sites have been identified as facing high risk of flooding across 96 districts in 19 governorates.
24. Ibid.
25. Ibid.
26. CIVIC, Risking the Future: Climate Change, Environmental Destruction, and Conflict in Yemen (2022). Available here: <https://reliefweb.int/report/yemen/risking-future-climate-change-environmental-destruction-and-conflict-yemen>
27. Children account for 21 per cent (3,119) of conflict casualties, but 37 per cent (657) of ERW casualties. Landmines/UXO account for 12 per cent (1,796) of overall casualties, but 21 per cent (657) of overall child casualties
28. Children account for 21 per cent (3,119) of conflict casualties, but 37 per cent (657) of ERW casualties.
29. Verbal Note: Yemen Anti-Personnel Mine Ban Convention Article 5 Extension Request (2022) Available here: https://www.apminebanconvention.org/fileadmin/_APMBC-DOCUMENTS/Meetings/2022/20MSP-Yemen-Extension-Request-en.pdf
30. Save the Children, Blast Injuries: The Impact of Explosive Weapons on Children in Conflict (2019). Available here: https://www.savethechildren.org.uk/content/dam/gb/reports/blast_injuries.pdf
31. Out of a total of 657 child casualties from landmines/UXO during the reporting period, 454 (69 per cent) were injuries and 203 (31 per cent) were fatalities.
32. Hargrave, M., 2017. The Impact of Blast Injury on Children: A Literature Review. Centre for Blast Injuries Study, Imperial College London. Available here: <https://www.imperial.ac.uk/media/imperial-college/research-centres-and-groups/centre-for-blast-injury-studies/Literature-Review-on-paediatric-blast-injury.pdf>
33. Milwood Hargrave J, Pearce P, Mayhew ER, et al. Blast Injuries in Children: A Mixed-Methods Narrative Review. DOI: 10.1136/bmjpo-2019-000452.
34. Ibid.
35. Save the Children, Blast Injuries: The Impact of Explosive Weapons on Children in Conflict (2019).
36. 42 per cent (137) of the landmines/UXO incidents were deadly, meaning they caused at least one fatality.
37. Save the Children, Blast Injuries: The Impact of Explosive Weapons on Children in Conflict (2019).
38. International Campaign to Ban Landmines, Landmine Monitor (2022).
39. Hemmati, M.A., Shokoohi, H., Masoumi, M. et al. Mental health disorders in child and adolescent survivors of post-war landmine explosions. *Military Med Res* 2, 30 (2015). Available here: <https://doi.org/10.1186/s40779-015-0052-3>
40. Geneva International Centre for Humanitarian Demining, Mine Action and the Implementation of CCW Protocol V on Explosive Remnants of War (2008). Available here: <https://resourcecentre.savethechildren.net/pdf/Mine-Action-and-the-implementation-of-the-CCW-protocol-V-on-ERW-GICHD-2008.pdf/>
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42. Victim Assistance in Mine Action, IMAS 13.10 (2021). Available here: https://www.mineactionstandards.org/en/standards/document-detail/?tx_imas_document%5Bdocument%5D=305&tx_imas_document%5Baction%5D=show&tx_imas_document%5Bcontroller%5D=Document&cHash=9d73af683c044c2a08736e1c57aeaea
43. Office of the Special Representative of the Secretary-General for Children and Armed Conflict, Yemen Profile.
44. Explosive Ordnance Risk Education, IMAS 12.0 (2020).
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47. Mine Action Review, Clearing the Mines (2022).



